QUALITY ASSURANCE POLICY

OCTOBER 2013
Quality Assurance Policy
It is the policy of Sunrise Behavioral Health, L.L.C. to employ a minimum of one and one half full time mastered degree professionals to enforce the QA Program of the agency, perform internal monitoring, and evaluate the effectiveness of services provided. Sunrise Behavioral Health, L.L.C. (hereinafter referred to as Sunrise) requires the supervising Quality and Assurance Manager (hereinafter referred to as QAM) abides by the following policies:

Binding Contract
At all times, the QAM must have a legally binding contract with Sunrise that delineates the employment responsibilities of his or her direct monitoring and evaluation of the quality assurance policy. The QAM acknowledges those responsibilities and evidences agreeing to them with his or her witnessed or notarized signature.

Responsibilities of QAM
The purpose of the Quality Assurance Manager is to work solely for the purpose of implementing and maintaining the Quality Assurance Program as described by Nevada Revised Statutes Chapter 695G, Medicaid Services Manual, and other applicable regulatory entities.

Exercising Responsibilities in Good Faith
The QAM shall exercise his or her powers in good faith and with a view to the interests of the agency. In performing their respective duties, QAMs are entitled to rely on information, opinions, reports, books of ICANotes, accounting or statements, including assessments, treatment plans, progress notes, other clinical statements, or other clinical data that is prepared or presented by: (a) one or more managing member of the corporation reasonably believed to be reliable and competent in the matters prepared or presented. (b) counsel, ICANotes representatives, financial advisors, valuation advisers, and other persons as to the matter reasonably believed to be within the preparers or presenters professional or expert competence or (c) a committee on which the director or officer relying thereon does not serve, established in accordance with NRS statute as to matters within the committees designating authority and matters on which the committee is reasonably believed to merit confidence.

QAM Supervisory Functions
To that end, the supervising QAM shall perform 3 main functions:

1. Provide evidence, during routine and unscheduled unforeseen audits, of Sunrise’s Quality Assurance Program.
2. Provide training, retraining, and routinely scheduled in-service meetings for providers on the written policy and the components of the program.
3. Monitor and evaluate the quality/effectiveness of the services provided, appropriately document, and adequately report in monthly, quarterly, and annual meetings with Medical Supervisor, Clinical Supervisor, Direct Supervisor, and Managing Members.

Evidence of Quality Assurance Policy
In accordance with Nevada Revised Statutes Chapter 695G, Sunrise requires the QAM enforces a policy for managed care that can be appropriately applied to mental or behavioral health practices of Sunrise Behavioral Health, L.L.C. The QA program must show evidence of containing the following:

1. An established written description of the policy.
2. Written guidelines for how to implement the policy.
3. A system for collecting, maintaining, and reporting the information.
4. Monitoring of steps taken to provide adequate quality of care.
5. Monitoring for each provider working within their scope of practice, prohibiting QBAs from providing QMHA services such as day treatment; prohibiting QMHAs from performing clinical supervision responsibilities; and prohibiting BST or PSR workers from billing for individual services when provided in a group.
6. Monitoring of the enrollment process for new and recently separated QMHPs, QMHAs, and QBAs.
7. Strict oversight of signatures required to meet Division of Health Care Financing & Policy Medicaid Services Manual guidelines.
8. Strict oversight of recipients rights, HIPPA, and informed consent with emphasis on Clinical Directors, Direct Supervisors, and QMHPs writing and changing treatment plans or requests for services without the knowledge of the recipient, their family, or guardians (in cases in which there is a minor child).
10. Electronic documentation of dates and times providers complete: assessments, treatment plans, progress notes, daily milieu reports, and up to date progress reports within 30 days.
11. Each provider required to receive the QA Policy, along with quarterly in-service training on how the Q/A program functions.
12. Structured and recorded oversight to evaluate the effectiveness of the policy.
13. An outside committee or auditing firm not employed or contracted by Sunrise to select and review records of the insured, identify issues, and offer recommendations.
14. Peer reviews to identify problems within the QA program with documentation, and action steps taken after their identification.
15. A system to address and resolved complaints of the insured.
17. Annual revision of the Q/A Policy if any aspects of the program are in need of revision. 
   (Nevada Revised Statutes, 2013).

**Aspects of Written QA Program**

In addition to the delineated regulations under NRS Chapter 695G, this written policy includes defined items from Medicaid Services Manual (2011):

1. Identified facets of quality of care which supports person and family-centered practice. Providers receive the specified aspects of quality of care in the initial 16 hour training, written materials, and clinical support;
2. Indicators and clinical criteria defined with QA tracking forms continually and systematically monitor these aspects of quality care. Providers receive tracking form reminders through ICANotes that alert QAMs if not done on time;
3. Established markers, which indicate problems or opportunities to improve care are received after peer reviews or audits, and require immediate QAM attention;
4. QAM are required to identified action to correct problems and improve substandard care through quarterly review meetings with the Medical Supervisor, Clinical Supervisor, and Managing Members;
5. Tools to assess the effectiveness of the actions taken shall be defined and recorded by an outside auditing team that is not a part of Sunrise staff or contractors; and
6. A process to submit an annual QA report to DHCFP/Department of Health and Human Services (DHHS);
7. An organization chart showing lines of authority, including medical, clinical, and direct supervision, and responsibility for services;
8. Documentation of staff qualifications, licensures and documented Competencies filed through ADP “Recruitment & Performance Management” software and stored in the ADP “Document Storage” software;
9. Written position descriptions for all staff providing mental health services stored in the ADP “HR” software. All providers must electronically sign off that they received a job description;
10. Documentation of staff training with trainings recorded in the ADP “Recruitment & Performance Management” software. All providers must electronically sign off that they have completed all required trainings;
11. Philosophy and support for use of selected program clinical practices to include requiring day treatment to be performed under a milieu model only;
12. ICANotes electronic record keeping that includes accounting methods to validate that all billing is reflective of Medicaid billing standards. This is achieved by providers’ assessments and notes automatically being sent to the ICANotes software for billing. Individual “billers” are prohibited from entering data manually or billing anything other than the generated report from ICANotes directly through ICANotes software. The
agency reserves the right to use Medicaid approved Payerpath software if unforeseen issues with the software arise, only sparingly, and with documentation of software issues.

**Monitor and Evaluate the Quality/Effectiveness of the Services Provided**

Providers are monitored and evaluated through routine visits, monthly meetings, and oversight of electronic record keeping. QAMs document misconduct, supervision, and enforcement of policies. In addition, there is an evaluation piece that will be done separately. Evaluation shall be accomplished through:

1. The various documents named in the written policies;
2. Reports from ICANotes;
3. Reports from ADP “Recruitment and Performance Management Software”;  
4. Telephonic meetings with providers and clients;
5. Face-to-face meetings with clients;  
6. Mailed and on-site surveys;  
7. Peer review;  
8. Audits

It is the desire of Sunrise Behavioral Health, L.L.C. to operate a long term and reputable behavioral health agency within the community. The Sunrise Quality Assurance team must follow all tenets, regulations, codes and laws defined in the American Psychological Association, Division of Health Care and Financing Medicaid Services Manual, Health Insurance Portability and Accountability Act (HIPAA), Nevada Administrative Code, Nevada Revised Statutes, and State and Federal Labor Commissioner’s Office. Quality Assurance is of the utmost importance and Sunrise Behavioral Health will enforce these policies and rules at the highest level.

