Section 3.28  Quality of Care Concerns

3.28.1  Introduction

a. To establish a uniform process for acknowledging, researching, evaluating and resolving Quality of Care (QOC) concerns identified through a variety of sources. While these sources can include complaints as identified and resolved under NARBHA Policy 5.2 Member Complaints, the QOC process is separate and independent of the complaint investigation and resolution process.

b. The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) delegates QOC concerns to the Tribal/Regional Behavioral Health Authorities (T/RBHA) for investigation, and ensures all QOC concerns are acknowledged, researched, evaluated, resolved and used to improve the quality of the service delivery system in accordance with 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.

3.28.2  Terms

Definitions for terms are located online at http://www.azdhs.gov/bhs/definitions/index.php or http://www.narbha.org/for-providers/provider-resources/provider-policy-manual/definitions. The following terms are referenced in this section:

Behavioral Health Recipient

Behavioral Health Representative

Corrective Action

Guardian

Incident, Accident and Death

Peer Review

Quality of Care Concern (QOC)

Regulatory Agency
Procedures 3.28.3

a. 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).

b. Upon receipt of a QOC concern, ADHS/DBHS will acknowledge the QOC concern allegation and delegate the research, evaluation and resolution of the QOC concern to the T/RBHA according to the established guidelines in the Arizona Health Care Cost Containment Services (AHCCCS) AMPM Chapter 900, Sections 910 and 960. The T/RBHA will use NARBHA PM Attachment 3.28.1 to provide an acknowledgment to ADHS/DBHS of the receipt of the QOC concern from ADHS/DBHS. The T/RBHA will use NARBHA PM Attachment 3.28.2 to provide a response to ADHS/DBHS regarding the QOC concern.

c. QOC concern cases will be kept confidential under all applicable confidentiality laws and regulations. The QOC concern process will be a standalone process and will not be combined with any other meetings or processes.

d. The T/RBHA must research, analyze, evaluate, and resolve each QOC concern from a recipient perspective and, when appropriate, a system perspective. Recipient resolution and system resolution may occur independently of one another.

e. ADHS/DBHS will report QOC issues as applicable to the appropriate regulatory agency for further research and/or action as required by law. The initial report may be made verbally, but must be followed by a written report.

f. ADHS/DBHS may refer the information on a QOC concern case to its Peer Review Committee. The QOC concern case is closed upon referral to the Peer Review Committee. The Peer Review Committee may request a new QOC concern investigation based on the Committee’s review of the concern.

g. ADHS/DBHS may refer relevant QOC issues to other ADHS/DBHS offices or other state agencies.

h. ADHS/DBHS will maintain a detailed file of all correspondence on each QOC concern case for review by AHCCCS upon request.

i. ADHS/DBHS collects, analyzes and evaluates QOC concerns and tracks and trends data to determine areas of improvement related to the quality of care or service in the T/RBHA’s service delivery system or provider network.

j. The T/RBHA will incorporate information from the trends related to the quality of care or service as identified by ADHS/DBHS in determining system interventions for quality improvement.
k. The T/RBHA will incorporate successful interventions from its corrective actions into its service delivery system.

### 3.28.4 References

The following citations can serve as additional resources for this content area:

- 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
- NARBHA Policy 10.21 Peer Review
- NARBHA Policy 7.4 Reporting of Incidents, Accidents, and Deaths
- NARBHA Policy 5.2 Complaint Resolution

### 3.28.5 PM Forms

None

### 3.28.6 PM Attachments

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<td>Mary Jo Gregory</td>
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<td>President and Chief Executive Officer</td>
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<tr>
<td>Teresa Bertsch, MD</td>
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<td>Chief Medical Officer</td>
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Reference: ADHS/DBHS Policy 1004