

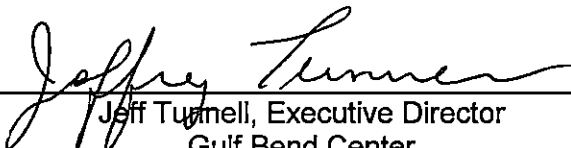
Quality Management Plan
Addendum for Fiscal Year 2016

APPROVAL

The Quality Management Plan Addendum for Gulf Bend Center was reviewed and approved on March, 22 20 16.



Steve Hipes,
Gulf Bend Center Board of Trustees Chair



Jeff Turnell, Executive Director
Gulf Bend Center

Gulf Bend Center
YES Waiver Quality Management Plan
(March 2016)

Gulf Bend Center's QM Department, through the Director of Behavioral Health Services, or his/her designee will be responsible for the monitoring of services provided through the Gulf Bend YES Waiver program and compliance with YES Waiver policies and procedures addressed in the YES Waiver Policy Manual. The Director of Behavioral Health Services is responsible for addressing any necessary corrective actions identified during Quality Management Reviews.

The following activities will be completed to monitor compliance with all YES Waiver policies/procedures as outlined in the YES Waiver Policy Manual:

1. Service utilization is monitored for compliance with DSHS approved IPC for each waiver participant through periodic reviews by the QM department. Results of the reviews will be reported to the CEO and IQC and UM Committees.
2. Critical Incident data is collected and analyzed by the Wraparound Facilitator who shall also submit the Critical Incident Report to DSHS within 72 hours of finding out a critical incident has occurred.
3. Documentation is monitored through periodic reviews by the QM department to ensure compliance with Waiver requirements. Results of the reviews will be reported to the CEO and IQC and UM Committees.
4. Compliance with YES Waiver policies and procedures as outlined in the YES Waiver Policy Manual and attainment of specified outcomes are monitored through periodic reviews by the QM Department and any necessary corrective action identified is addressed in writing with the Comprehensive Waiver Provider (CWP).

Identified outcomes to monitor include:

1. Waiver participants have timely access to services.
2. Waiver participants are enrolled in a timely manner.
3. Plans of Care and Services are based on underlying needs and outcome statements.
4. Services are provided according to the Waiver participant's approved Individual Plan of Care.
5. Child and family team meetings include provider participation.
6. IPCs are developed and revised according to DSHS policy.
7. Health and Safety risk factors are identified and updated.
8. Providers are credentialed and trained.
9. There is adherence to established policies and procedures.
10. There is continuity of care for waiver participants.
11. Medicaid, demographic, and clinical eligibility criteria are met.
12. Any applicable Waiver service associated cost limitations are not exceeded.