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Revised Date: 1/25/2007
Review Date: 11/26/2008

North Sound Mental Health Administration

Section 1000 – Administrative: Policy Development and Review

Authorizing Source: NSMHA

Cancels:

See Also:

Responsible Staff: Deputy Director

Approved by: Executive Director

Date: 11/29/2011

Signature:

POLICY# 1006.00

SUBJECT: POLICY DEVELOPMENT AND REVIEW

POLICY

North Sound Mental Health Administration (NSMHA) staff will review, revise and develop, as necessary, policies relevant to federal, state and contractual agreements. The review of Administrative, Clinical, Crisis, Information Systems, and Fiscal policies will be reviewed at a minimum of every five years icy and/or as necessary. Privacy and Compliance policies will be reviewed and revised as necessary as Federal regulations governing these policies change.

NSMHA will expect contracted providers to follow all NSMHA Administrative, Clinical, Crisis and Fiscal Policies applicable by contract and as listed in the addendum to this policy. These policies will be listed on NSMHA's website for easy access throughout the Region. Providers may or may not develop additional implementation procedures as they find needed by their agencies to meet the WAC standards and requirements.

PROCEDURE

1. NSMHA staff will review policies and procedures on an ongoing basis, which may be directed for review by the NSMHA Executive Director or his designee, the Quality Management Oversight Committee (QMOC), the NSMHA Planning Committee or the NSMHA Board of Directors.
2. QMOC Policy Sub-Committee will review all outpatient clinical policies going before QMOC that affect clinical care or will necessitate changes in clinical policies, procedures or practices at the provider level. A copy of these policies will be forwarded to DBHR for comment at least 30 days prior to approval by QMOC. QMOC Policy Sub-Committee and QMOC will not review policies internal to NSMHA or policies which do not require provider level implementation or impact delivery of service.
3. ICRS Policy Sub-Committee will review all ICRS policies going before QMOC that affect crisis clinical care or will necessitate changes in ICRS policies, procedures or practices at the ICRS provider level. A copy of these policies will be forwarded to DBHR for comment at least 30 days prior to approval by QMOC. This committee will not review policies internal to NSMHA or policies which do not require provider level implementation or impact delivery of service.
4. After policies have passed the review and approval of the appropriate Policy Sub-Committee, they will then move on to be reviewed and approved by QMOC and the Executive Director as outlined in the Charter.
5. All policies and procedures which have been brought forward with consensus from QMOC will be reviewed and approved with a signature by the NSMHA Executive Director. Those policies and procedures without consensus at QMOC after 2 presentations will be referred to the Management Council.
6. If Management Council reaches consensus, those policies and procedures will be reviewed and approved by the NSMHA Executive Director.

7. If Management Council fails to reach a consensus, those policies and procedures will be forwarded back to QMOC. QMOC will then forward a majority/minority report to the Board of Directors for their consideration of the disputed policies and procedures.
8. Policies with fiscal impact are reviewed by the NSMHA Board of Directors for approval.
9. Changes to the policies and procedures will be issued to providers in a Numbered Memorandum with a sixty-day notice of compliance.

ATTACHMENTS

1006.02 – NSMHA Policy Compliance Grid