

**NORTH SOUND MENTAL HEALTH ADMINISTRATION**  
**COMPLAINT, GRIEVANCE, APPEAL, AND FAIR HEARING REPORT SUMMARY**  
**October 1, 2005 through March 31, 2006**

**INTRODUCTION and PURPOSE**

- The NSMHA continues to report grievance, fair hearing, appeal, and denial data in accordance with the Mental Health Administration reporting templates and requirements.
- The NSMHA continues to provide information about complaint data in a separate format as complaints account for the majority of complaint, grievance, and fair hearing information used for quality management activities.
- Information about complaints, grievances, appeals, denials, and fair hearings remains central to the NSMHA's quality management processes. Complaint data has also become increasingly more central to individual providers' internal quality management processes.
- The NSMHA continues to promote a "no-blame" atmosphere in which to view complaint data--that information about complaints creates opportunities for improvement and that consumers' voicing concerns or ideas for improvement is one form of consumer voice in a recovery based system.

**COMPLAINT, GRIEVANCE, DENIAL, APPEAL, and FAIR HEARING DATA**

- The overall number of complaint, grievance and fair hearing occurrences reported increased from 288 to 368 since the last reporting period, while the number of cases (people) reported remained relatively stable (There was an increase from 234 to 238 since the last reporting period). The number of complaints reported that involve children decreased from 71 to 65.
- The categories that accounted for the most complaints during the current reporting period are: Consumer Rights 75 (20 %), Physicians and medications 54 (15%), Financial and Administrative Services 41 (11%), Access 37 (10%) and Dignity and Respect 37 (10%). A review of the data shows that Consumer Rights 124 (19%), Physicians and medications 92 (14%). Access 84 (13%), Financial and Administrative Services 62 (9%), and Dignity and Respect 54 (8%) accounted for the most complaints over the past year.
- When combined, Dignity and Respect and Consumer Rights accounted for 112 (30%) occurrences (Dignity and Respect is one of the consumer rights).
- The NSMHA continues to break out the overall complaint, grievance, and fair hearing data by Medicaid and state-funded consumers. The majority of reported complaints, grievances, and fair hearings filed continue to be for Medicaid consumers. Of the 238 reported cases, 211 were for Medicaid consumers and 27 were for state-funded consumers. Of the 368 occurrences reported, 336 were for Medicaid consumers and 32 were for state-funded consumers.
- There was an increase in grievance and fair hearing cases (people) and occurrences (types and levels of concerns) reported since the last reporting period (There were twelve (12) grievance or fair hearing cases and twenty (20) grievance or fair hearing occurrences (as compared to five cases and five occurrences in the last reporting period).
- The overall number of denials for Medicaid consumers has remained relatively stable. There were 122 denials for Medicaid consumers in the current reporting period, as compared to 129 in the previous reporting period. There was a decrease in denials for adults and an increase in denials for children. (Forty seven denials were regarding adults and seventy-five denials were regarding children, as compared with sixty-five denials for adults and sixty-four denials for children during the previous reporting period). On October 1, 2005 inpatient authorization was transitioned from the Associated Provider

Network (APN) to the Volunteers of America (VOA). There were no denials for inpatient authorization by the Volunteers of America, as compared with six (6) denials for inpatient service issued by the Associated Provider Network during the previous reporting period.

- There was a decrease in appeals (there were 2 appeals in the current reporting period as compares with 5 in the previous reporting period). For both appeals the original denial decision was overturned during the appeals process. The NSMHA has developed a table to track the number of denials and appeals over time.

## **BROAD and CONSISTENT REPORTING**

- The NSMHA continues to work towards broad and consistent reporting of complaints across multiple reporting sources. Increased reporting of complaints remains a goal of the NSMHA. Part of this goal includes capturing concerns that occur at the provider level when consumers are not involved in Ombuds services.
- The NSMHA continues to track the number and percentages of complaints and cases reported by Ombuds services and providers. The percentage of cases reported by Ombuds services decreased slightly since the last reporting period. (67% of cases were reported by Ombuds services as compared with 69% percent during the previous reporting period). The percentage of complaints, grievance, or fair hearing occurrences reported by Ombuds services increased since the last reporting period (75% of occurrences were reported by Ombuds services as compared with 70% during the previous reporting period).
- Increased reliability in the reporting process is an area identified for continuous quality improvement. Ombuds services completed initial training to the Regional Quality Management (RQMC) on their use of the complaint type categories. The NSMHA and providers will identify next steps in the RQMC.

## **QUALITY MANAGEMENT PROCESSES**

- The NSMHA Internal Quality Management Committee (IQMC) will review the current complaint and grievance data and report, make recommendations for further study and review or quality improvement, and present these recommendations to the Regional Quality Management Committee and Regional Quality Management and Oversight Committee.
- NSMHA providers continue to use complaint and grievance information in their internal quality management processes.
- The NSMHA Ombuds services provide a semi-annual summary of their data and recommendations for quality improvement.
- Quality Management Recommendations from the last reporting cycle include:
  - ✓ Further study and review of medication management services
  - ✓ Further study and review of the processes used to gather information and records during the access process (from the initial call to access through the assessment process)
- Complaint, grievance and appeal data has been one factor in quality improvement efforts towards:
  - ✓ Providing trauma based services
  - ✓ Assuring staff is trained on Dignity and Respect and Consumer Rights
  - ✓ Clarifying policies and procedures regarding the outpatient discharge process
  - ✓ The development of a medication management transfer policy to ensure seamless transition to primary care physicians

**NORTH SOUND MENTAL HEALTH ADMINISTRATION**  
**COMPLAINT, GRIEVANCE, APPEAL, DENIAL, AND FAIR HEARING REPORT**  
October 1, 2005 through March 31, 2006

**I. INTRODUCTION**

The NSMHA reports grievance, fair hearing, appeal, and denial data in accordance with Mental Health Administration reporting templates. In addition, the NSMHA provides information about complaint data in a separate format as complaints account for the majority of complaint, grievance, and fair hearing information used for quality management activities. The NSMHA continues to report and unduplicate this information through multiple reporting sources (Ombuds services, providers, designees, networks, and the NSMHA).

The NSMHA continues to promote a “no-blame” atmosphere in which to view complaint data – that information about complaints creates opportunities for improvement and that consumers’ voicing concerns or ideas for improvement is one form of consumer voice in a recovery based system.

In this report we will:

- Provide an overview of complaint, grievance, denial, appeal and fair hearing data
- Provide follow-up from previous Complaint, Grievance, Appeal, and Fair Hearing Reports, Quality Management Activities or Recommendations
- Provide an overview of internal provider quality improvement activities and Ombuds services recommendations
- Outline future plans

**II. COMPLAINT, GRIEVANCE, APPEAL, DENIAL, AND FAIR HEARING DATA**  
**OCTOBER 2005 THROUGH MARCH 2006**

**A. Grievance and Fair Hearing Data**

There was an increase in grievance and fair hearing cases (people) and occurrences (types and levels of concerns) reported since the last reporting period. There were twelve (12) grievance or fair hearing cases and twenty (20) grievance and/or fair hearing occurrences (as compared to five cases and five occurrences in the last reporting period). (*See Attachments A – Exhibit N 05-07 Report-PIHP-Medicaid Services Only and Exhibit N- 05-07 Report-RSN State Funded Services Only*).

Eleven (11) grievance occurrences were at the provider level and six (6) were at the PIHP level. There were three (3) fair hearing occurrences. All twenty (20) grievance or fair hearing occurrences were for persons who had Medicaid funding. One grievance occurrence involved a child, the rest involved adults.

**B. Complaint, Grievance, and Fair Hearing Data**

The overall number of complaint, grievance, and fair hearing occurrences reported also increased from 288 to 368 since the last reporting period. The number of cases (people) reported remained relatively stable (There was an increase from 234 to 238 since the last reporting period). The number of complaints reported that involve children decreased from 71 to 65.

The categories that accounted for the most complaints during the current reporting period are: Consumer Rights 75 (20 %), Physicians and Medications 54 (15%), Financial and Administrative Services 41 (11%), Access 37 (10%) and Dignity and Respect 37 (10%). A review of the data shows that Consumer Rights 124 (19%),

Physicians and medications 92 (14%), Access 84 (13%), Financial and Administrative Services 62 (9%), and Dignity and Respect 54 (8%) accounted for the most complaints over the past year.

When combined Dignity and Respect and Consumer Rights accounted for 112 (30%) occurrences (Dignity and Respect is one of the consumer rights).

The NSMHA continues to break out the overall complaint, grievance, and fair hearing data by Medicaid and state-funded consumers. The majority of reported complaints, grievances, and fair hearings filed continue to be for Medicaid consumers. Of the 238 reported cases, 211 were for Medicaid consumers and 27 were for state-funded consumers. Of the 368 occurrences reported, 336 were for Medicaid consumers and 32 were for state-funded consumers.

The NSMHA has developed several tables to assist in identifying trends and provide information about complaints over time. (*See Attachment B – “NSMHA Table 1 – Complaints, Grievances, and Fair Hearings Filed Reporting From 4-1-2000 through 3-31-2006 (with accompanying graphs)” and Attachment C – “NSMHA Table 2 – Complaint, Grievance, and Fair Hearing Data – Past 6 Months, Past Year, since 4-1-2000”*).

The data in these tables includes complaints, grievances, and fair hearings for both Medicaid and state-funded consumers. In addition, the category of Access now includes access to inpatient and outpatient.

The NSMHA continues to collapse the new categories of violation of confidentiality and participation in treatment into the category of other. We will separate out these two (2) new categories in future tables so we can track them over time. (For this reporting period there were two (2) complaints reported for violation of confidentiality (Medicaid consumers) and no complaints or grievances reported for participation in treatment.

## **C. Denial and Appeal Data**

### **1. Denials**

The overall number of denials for Medicaid consumers has remained relatively stable. There were 122 denials for Medicaid consumers in the current reporting period, as compared to 129 in the previous reporting period (*See Attachment A – Exhibit N 05-07 Report-PIHP-Medicaid Services Only*). All 122 denials were for access to outpatient services by the NSMHA. For all 122 outpatient denials, the NSMHA determined that the Medicaid individuals did not meet the state defined access to care criteria, which are incorporated into the NSMHA Access to Care Standards.

On October 1, 2005 inpatient authorization was transitioned from the Associated Provider Network (APN) to the Volunteers of America (VOA). There were no denials for inpatient authorization by the Volunteers of America, as compared with six (6) denials for inpatient service issued by the Associated Provider Network during the previous reporting period.

There was a decrease in denials for adults and an increase in denials for children. (Forty seven denials were regarding adults and seventy-five denials were regarding children, as compared with sixty-five denials for adults and sixty-four denials for children during the previous reporting period). The NSMHA has expressed concerns related to the Access to Care criteria for children to the MHD, as we are concerned that the criteria may be too restrictive.

### **2. Appeals**

There were two (2) appeals initiated with the NSMHA during this reporting period. (*See Attachment D – PIHP Exhibit N Notice of Action Appeals Report 05-06*) as compared with 5 during the previous reporting period. Both

appeals were handled through the standard appeals process and decided within 45 days. There were no requests for expedited appeals.

Both appeals regarded the denial of outpatient mental health services for adults. For both appeals the original denial decision was overturned during the appeals process. The NSMHA has developed a table to track the number of denials and appeals over time (*See Attachment E*).

### **III. FOLLOW UP FROM PREVIOUS COMPLAINT, GRIEVANCE, APPEAL, and FAIR HEARING REPORTS- QUALITY MANAGEMENT RECOMMENDATIONS and ACTIVITIES**

As outlined in previous reports, information about complaints, grievances, appeals, denials, and fair hearings remains central to the NSMHA and provider's quality management processes. Complaint, grievance, appeal, denial, and fair hearing data and reports are reviewed in the NSMHA Internal Quality Management Committee (IQMC), Regional Quality Management Committee (RQMC), and Quality Management Oversight Committee (QMOC).

The identification of system implications or trends, areas for further study and review, or areas for quality improvement may be generated at each level of the process. In addition, complaint data has become increasingly more central to individual providers' internal quality management processes.

A brief summary of follow up to recommendations or activities in previous complaint and grievance reports is presented below.

#### **A. Medication Management Services**

As outlined in the last report, medication management services, including access and triage to medication management services and discharge from medication management services has been identified as an area for further study and review. (Ombuds services identified concerns about access to prescribers and medication services and the number of complaints in this category has shown an increase over time).

*Update: A review of the data in the current reporting period shows that complaints regarding physicians and medications continue to increase over time. The NSMHA Internal Quality Management Committee (IQMC) is currently evaluating ways to study this area, clarify the issues, and identify existing data sources. The NSMHA will discuss these ideas in QMC and QMOC.*

#### **B. Access Process**

As outlined in the last report, the processes used to gather information and records during the access process (from the initial call to access through the assessment process) has been identified as an area for further study and review. (This recommendation was made in light of the need to establish consumer eligibility for services within a short time frame with the goal of maximizing the potential for complete information when establishing consumer eligibility for services).

*Update: The region wide Access system is undergoing a process of transition from Compass Health to the Volunteers of America. The NSMHA is also restructuring the process for Authorization of Outpatient Services. When these transition processes are complete the NSMHA will review this recommendation to determine how to proceed.*

#### **C. Increased Reliability in the Reporting Process**

As outlined in the last report, increased reliability in the reporting process is an area identified for continuous quality improvement. Training by Ombuds services on their use of the complaint type categories was identified as a first step. Ombuds services provided this initial training to the Regional Quality Management Committee.

**Update:** The NSMHA continues to have the goal of increased reliability in the reporting process. Providers have also expressed interest in this goal and have requested further discussion, training and clarification of the reporting procedures. The NSMHA will identify next steps with the QMC.

#### **D. Outpatient Discharge Process**

As discussed previously in this report, the NSMHA outlined the need for standardization of the outpatient discharge process (based in part on Ombuds services complaints from consumers and in part on new requirements). The NSMHA and providers began a subcommittee of the Regional Quality Management Committee (RQMC) to clarify discharge policies and procedures.

Policies regarding continued stay/authorization criteria, criteria for closing an episode of care/planned discharge from treatment, and medication management transfers to primary care physicians have been completed.

**Update:** The policy regarding 30-day written notice of termination to consumers was approved by QMC and will be presented to QMOC and the NSMHA Board of Directors.

#### **E. Broad and Consistent Reporting of Complaints**

As outlined above and in previous reports, the NSMHA has made it a goal to work towards broad and consistent reporting of complaints across multiple reporting sources. Part of this goal includes capturing concerns that occur at the provider level when consumers are not involved in Ombuds services.

As there have been few emergency services complaints reported by some NSMHA providers, broad and consistent reporting of emergency services complaints was identified as an area for quality improvement and addressed through the NSMHA Integrated Crisis Response System (ICRS) Committee. Broad and consistent reporting of complaints that involve children was also identified as an area for quality improvement

**Update:** The NSMHA continues to track the number and percentages of complaints and cases reported by Ombuds services and providers. The percentage of cases reported by Ombuds services decreased slightly since the last reporting period. (67% of cases were reported by Ombuds services as compared with 69% percent during the previous reporting period). The percentage of complaints, grievance, or fair hearing occurrences reported by Ombuds services increased since the last reporting period (75% of occurrences were reported by Ombuds services as compared with 70% during the previous reporting period). (See Attachment F-Table 4).

The NSMHA also continues to track the number of emergency services complaints reported by each reporting source. Results for the latest reporting period show that emergency services complaints by some provider's remains low. (See Attachment F-Table 5).

Although the number of occurrences and cases reported that involve children showed a slight decrease since the last reporting period, the number of cases and occurrences involving children during the past year has shown an increase as compared with previous years. (See Attachment B for information about complaint reporting for children over time).

#### **F. Trauma Services**

In previous reports, we have discussed quality improvement efforts related to complaint and grievance data in the area of treatment for trauma and trauma-based disorders. In previous reports we also reported that the NSMHA and providers established a trauma disorder workgroup and that although the workgroup has ended, the Regional Quality Management Committee (RQMC) will continue to work to increase the access to and quality of services for those with trauma-based disorders.

The NSMHA and providers, through the RQMC, have continued to focus on trauma and work on objectives established by the trauma workgroup. The four recommendations approved by QMC and QMOC outlined in the last report were:

- Adoption of the clinical guideline for Posttraumatic Stress Disorder (PTSD) for adults (pending final revisions)
- Use of the trauma screening tool when trauma is suspected or reported
- Completion of a NSMHA Regional Training Plan module for PTSD
- Invitations by QMOC to the three (3) trauma pilot projects to make presentations at future QMOC meetings under the topic “Quality in Action”.

**Update:** *Since the last report:*

- *WCPC has implemented the regionally approved trauma screening tool when trauma is suspected or reported*
- *WCPC presented the results and current status of their trauma program to QMOC as part of the topic “Quality in Action”.*
- *The draft NSMHA Regional Training Plan module for PTSD training has gone to the regional training committee for review. This training module is currently being piloted by providers. It is anticipated that at the next regional training committee meeting the feedback from the pilot will be reviewed for the final draft training module for QMC and QMOC approval.*

The NSMHA will make the final revisions to the clinical guideline for Posttraumatic Stress Disorder (PTSD).

### **G. Dignity and Respect**

As outlined on previous reports, Dignity and Respect has been identified as a training priority on the NSMHA Regional Training Plan.

**Update:** *The Regional Training Committee is in the process of updating the regional training plan. As Dignity and Respect continue to be a training priority for providers and the NSMHA it is anticipated that this topic will continue on the new Regional Training Plan for 2006-2007.*

### **H. Region Wide Diagnostic Practice Standards**

As outlined in the previous reports the NSMHA has instituted the practice of reviewing appeals that result in the reversal of the original denial decision by the region. Based in part on this review, the NSMHA and providers adopted a set of practice standards for the diagnostic process designed to provide consistent, uniform and complete diagnosis during the assessment process.

**Update:** *The providers have implemented the diagnostic practice standards. The NSMHA has seen an increase in the consistency and quality of the diagnostic formulations used in the assessment process. The NSMHA and providers continue to evaluate the consistency of the diagnostic formulation during the assessment process to ensure consistent regional application of eligibility standards outlined in the statewide Access to Care Standards.*

## **IV. PROVIDER QUALITY IMPROVEMENT ACTIVITIES and OMBUDS RECOMMENDATIONS**

As outlined in previous reports, the Providers continue to provide semi-annual information to the NSMHA about how they use complaint and grievance information in their internal quality management processes.

The NSMHA continued to receive positive examples from providers about how they are incorporating complaint data into their quality management processes and how consumer concerns can lead to areas for further study and review or as areas identified for continuous quality improvement. Some examples are:

- Compass Health initiated quality improvement activities regarding Quality/Appropriateness and Dignity and Respect complaints. Part of their process included further categorizing the types of complaints in these areas to help identify clusters of issues within these categories, and clusters of programs in which these complaints arose.

Compass Health reports that their action taken regarding that data had positive results. They will continue to review and further categorize the complaints from this period in these areas, bring the results of this review to their Quality Committee, and determine further action based on the review.

- Catholic Community Services has identified that complaints from clients about how they are treated (respectfulness, communication style, lack of responsiveness or dependability) indicate an area for further study and possible quality improvement efforts. Their initial plans will focus on discussion about whether supervisors are made aware early on about problems that are brewing, which allows pre-emptive consultation or supervisor intervention. Their Quality Improvement Committee discussion will also focus on whether there is a need for staff in-service, focused discussion in team meetings, or individual supervision to address specific staff improvement needs.
- Compass Health has revised their New Employee Orientation to include more information about Complaints and Grievances and have developed a Tool Box Training on Resolving Complaints for Managers to utilize in training staff.
- Sea Mar experienced an increase in complaints regarding psychiatric services and medications due to a change in psychiatric providers that resulted in some scheduling difficulties and problems for some clients transitioning to a new provider. Sea Mar has identified that it is important to ensure that adequate back-up is in place should a psychiatric provider decide to leave the agency so that there is no interruption of services and the transition to a new provider can seamlessly occur. Sea Mar has also identified the need for clinicians to work with clients to ensure that issues regarding the loss of a psychiatric provider are processed and the transition to a new provider is eased as much as possible.

The NSMHA Ombuds services also provide a semi-annual summary of their data and recommendations for quality improvement. Ombuds services report that while their number of cases and occurrences usually drop during the winter months, this was not the case during the current reporting period. While the number of cases (people) remained stable, occurrences increased to 256, the highest number reported by Ombuds services.

Ombuds services also report that complaints about consumer rights reached the highest ever at 66, and that there are many consumer rights, and consumers have a sense that they are not receiving their rights as readily as they deserve. Financial occurrences rose to 34. Ombuds services report that Flex funds have essentially disappeared and Ombuds consumers seem to have mounting personal financial problems. Ombuds services also noted that physicians and meds occurrences rose to 31. Access occurrences remained at 27. Housing occurrences also remained at 24 and dignity and respect occurrences rose to an all time high of 21.

Some of Ombuds services recommendations for quality improvement focus include:

- (1) Hospitalization and involuntary treatment—Ombuds services reports clients who cannot get into involuntary treatment due to capacity issues, especially on weekends. They also report they have spoken with clients who come out of the hospital or involuntary treatment and are disappointed with the treatment they received.
- (2) Ombuds services recommend the NSMHA and providers work jointly on issues that are causing everyone frustration—funding, documentation, time availability, case overload, medication management outsourcing, the RFQ and the Quality Management program.

## V. FUTURE PLANS

The NSMHA continues to work towards broad and consistent reporting of complaints across multiple reporting sources and will continue to work towards increased reliability in reporting.

The NSMHA Internal Quality Management Committee (IQMC) will review the current complaint and grievance data and report, make recommendations for further study and review or quality improvement, and present these recommendations to the Regional Quality Management Committee and Regional Quality Management and Oversight Committee.

In addition to reviewing the aggregate data in these reports to identify any trends, individual complaints, grievances, or appeals with system implications, or patterns or clusters of complaints, grievances, or appeals with system implications will be reviewed and used to generate quality improvement activities or identify areas for further study and review. The NSMHA will continue to work closely with Ombuds services to address any emerging patterns or clusters of complaints and incorporate this information into quality management processes.

The NSMHA will also continue the practice of reviewing appeals that result in the reversal of the original denial decision in order to ensure this process is reliable, adheres to standards, and identifies areas for potential quality improvement.

The NSMHA and providers will continue to collaborate to use information about complaints, grievances, appeals, denials, and fair hearings as opportunities for quality improvement.

Exhibit N 05-07 Report - PIHP - Medicaid Services Only

Exhibit N-3  
DRAFT  
October 4, 2005

North Sound Mental Health  
**PIHP Name** Administration

**Contact Name:** Diana Striplin

**Reporting Period:** October 1, 2005 through March 31, 2006

**Contact Phone No.** 360.416.7013

(Month and Year)

Total Unduplicated  
Number of Adult Cases **11**

Total Unduplicated  
Children Cases **1**

<b>Occurrence</b>					
	CMHA Grievances	PIHP Grievances	Fair Hearings	Outstanding	Denials
<b>Adult (21 Yrs. and over)</b>					
Access to Outpatient	1	0	0	0	47
Dignity and Respect	2	1	1	1	
Quality/ Appropriateness	1	1	0	0	
Phone calls not returned	0	0	0	0	
Service -- Intensity, Not Available, Coordination	0	0	0	0	
Consumer Rights	4	1	1	0	
Physicians & Medications	2	2	1	0	
Financial & Admin Svs	0	0	0	0	
Transportation	0	0	0	0	0
Emergency Services	0	0	0	0	0
Access to Inpatient	0	0	0	0	0
Violation of Confidentiality	0	0	0	0	
Participation in Treatment	0	0	0	0	
Other	0	1	0	0	0
<b>Total</b>	<b>10</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>47</b>

<b>Occurrence</b>					
	CMHA Grievances	PIHP Grievances	Fair Hearing	Outstanding	Denials
<b>Children (0-20 Yrs.)</b>					
Access to Outpatient	0	0	0	0	75
Dignity and Respect	0	0	0	0	
Quality/ Appropriateness	0	0	0	0	
Phone calls not returned	0	0	0	0	
Service -- Intensity, Not Available, Coordination	0	0	0	0	
Consumer Rights	1	0	0	0	
Physicians & Medications	0	0	0	0	
Financial & Admin Svs	0	0	0	0	
Transportation	0	0	0	0	0
Emergency Services	0	0	0	0	0
Access to Inpatient	0	0	0	0	0
Violation of Confidentiality	0	0	0	0	
Participation in Treatment	0	0	0	0	
Other	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>75</b>

<b>Resolutions</b>				
	CMHA Grievances	PIHP Grievances	Fair Hearings	Outstanding from Last Period
<b>Adult (21 Yrs. and over)</b>				
Info/Referral	0	0	0	0
Referral to QRT	0	0	0	0
Conciliation/Mediation	5	3	0	0
Arbitration	4	3	0	0
Fair Hearing	0	0	0	0
Other	0	0	0	0
Not Pursued	0	0	3	0
<b>Total</b>	<b>9</b>	<b>6</b>	<b>3</b>	<b>0</b>

<b>Resolutions</b>				
	CMHA Grievances	PIHP Grievances	Fair Hearing	Outstanding from Last Period
<b>Children (0-20 Yrs.)</b>				
Info/Referral	0	0	0	0
Referral to QRT	0	0	0	0
Conciliation/Mediation	1	0	0	0
Arbitration	0	0	0	0
Fair Hearing	0	0	0	0
Other	0	0	0	0
Not Pursued	0	0	0	0
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

Exhibit N 05-07 Report -- RSN -- State Funded Services Only

Exhibit N-7

DRAFT

North Sound Mental Health  
**RSN Name** Administration

**Contact**  
**Name:** Diana Striplin

**Reporting**  
**Period:** October 1, 2005 through March 31, 2005  
 (Month and Year)

**Contact Phone #:** 360.416.7013

**Total Unduplicated  
 Number of Adult Cases** 0

<b>Occurrence</b>				
	<b>CMHA Grievances</b>	<b>RSN Grievances</b>	<b>Fair Hearings</b>	<b>Outstanding</b>
<b>Adult (21 Yrs. and over)</b>				
Access	0	0	0	0
Dignity and Respect	0	0	0	0
Quality/ Appropriateness	0	0	0	0
Phone calls not returned	0	0	0	0
Service -- Intensity, Not Available, Coordination	0	0	0	0
Consumer Rights	0	0	0	0
Physicians & Medications	0	0	0	0
Financial & Admin Svs	0	0	0	0
Residential	0	0	0	0
Housing	0	0	0	0
Transportation	0	0	0	0
Emergency Services	0	0	0	0
Violation of Confidentiality	0	0	0	0
Participation in Treatment	0	0	0	0
Other	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Total Unduplicated Number  
 of Children Cases** 0

<b>Occurrence</b>				
	<b>CMHA Grievances</b>	<b>RSN Grievances</b>	<b>Fair Hearings</b>	<b>Outstanding</b>
<b>Children (0-20 Yrs.)</b>				
Access	0	0	0	0
Dignity and Respect	0	0	0	0
Quality/ Appropriateness	0	0	0	0
Phone calls not returned	0	0	0	0
Service -- Intensity, Not Available, Coordination	0	0	0	0
Consumer Rights	0	0	0	0
Physicians & Medications	0	0	0	0
Financial & Admin Svs	0	0	0	0
Residential	0	0	0	0
Housing	0	0	0	0
Transportation	0	0	0	0
Emergency Services	0	0	0	0
Violation of Confidentiality	0	0	0	0
Participation in Treatment	0	0	0	0
Other	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Resolutions</b>				
	<b>CMHA Grievances</b>	<b>RSN Grievances</b>	<b>Fair Hearings</b>	<b>Outstanding from Last Period</b>
<b>Adult (21 Yrs. and over)</b>				
Info/Referral	0	0	0	0
Referral to QRT	0	0	0	0
Conciliation/Mediation	0	0	0	0
Arbitration	0	0	0	0
Fair Hearing	0	0	0	0
Other	0	0	0	0
Not Pursued	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Resolutions</b>				
	<b>CMHA Grievances</b>	<b>RSN Grievances</b>	<b>Fair Hearing</b>	<b>Outstanding from Last Period</b>
<b>Children (0-20 Yrs.)</b>				
Info/Referral	0	0	0	0
Referral to QRT	0	0	0	0
Conciliation/Mediation	0	0	0	0
Arbitration	0	0	0	0
Fair Hearing	0	0	0	0
Other	0	0	0	0
Not Pursued	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**ATTACHMENT B - Totals**

**TABLE 1 - COMPLAINTS, GRIEVANCES, FAIR HEARINGS FILED**

**REPORTING FROM 4-1-2000 though 3/31/2006**

OCCURRENCES - (Includes occurrences of complaints, grievances, and fair hearings files)	TIME PERIOD																										
	4/1/2000 - 9/30/2000		10/1/2000 - 3/31/2001		4/1/2001 - 9/30/2001		10/1/2001 - 3/31/2002		4/1/2002 - 9/30/2002		10/1/2002 - 3/31/2003		4/1/2003 - 9/30/2003		10/1/2003 - 3/31/2004		4/1/2004 - 9/30/2004		10/1/2004 - 3/31/2005		4/1/2005 - 9/30/2005		10/1/2005 - 3/31/2006		4/1/2000 - 3/31/2006		
	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total
Unduplicated Number of Cases							141		162		193		245		214		287		250		234		238		1,964		
Access*	26	14%	36	21%	24	14%	8	5%	25	15%	20	9%	39	14%	29	12%	44	13%	36	12%	47	16%	37	10%	371	13%	
Dignity and Respect	10	5%	23	14%	15	9%	26	16%	18	11%	19	9%	23	8%	8	3%	18	6%	22	7%	17	6%	37	10%	236	8%	
Quality/Appropriateness **	35	19%	24	14%	35	20%	35	21%	20	12%	26	12%	25	9%	9	4%	13	4%	17	6%	9	3%	15	4%	263	9%	
Phone Calls Not Returned	1	1%	6	4%	2	1%	2	1%	2	1%	3	1%	2	1%	5	2%	10	3%	12	4%	26	9%	17	5%	88	3%	
Service -- Intensity, Not Available, Coordination	35	19%	12	7%	20	12%	10	6%	17	10%	33	15%	22	8%	40	16%	56	17%	34	11%	20	7%	14	4%	313	11%	
Consumer Rights	25	13%	18	11%	14	8%	8	5%	15	9%	18	8%	20	7%	26	11%	32	10%	37	12%	49	17%	75	20%	337	12%	
Physicians & medications	13	7%	8	5%	15	9%	28	17%	11	7%	14	6%	30	10%	26	11%	22	7%	41	14%	38	13%	54	15%	300	10%	
Financial & Admin Svs.	6	3%	7	4%	7	4%	6	4%	8	5%	9	4%	22	8%	19	8%	59	18%	30	10%	21	7%	41	11%	235	8%	
Residential	1	1%	3	2%	2	1%	9	5%	17	10%	11	5%	13	5%	12	5%	1	0%	4	1%	5	2%	1	0%	79	3%	
Housing	28	15%	13	8%	6	3%	11	7%	8	5%	10	5%	11	4%	15	6%	27	8%	30	10%	21	7%	24	7%	204	7%	
Transportation	0	0%	3	2%	1	1%	1	1%	0	0%	0	0%	0	0%	2	1%	1	0%	2	1%	2	1%	4	1%	16	1%	
Emergency Services	1	1%	12	7%	23	13%	14	8%	20	12%	35	16%	44	15%	38	16%	32	10%	23	8%	25	9%	15	4%	282	10%	
Other	8	4%	5	3%	8	5%	7	4%	8	5%	19	9%	35	12%	14	6%	11	3%	12	4%	8	3%	34	9%	169	6%	
<b>Total</b>	<b>189</b>	<b>100%</b>	<b>170</b>	<b>100%</b>	<b>172</b>	<b>100%</b>	<b>165</b>	<b>100%</b>	<b>169</b>	<b>100%</b>	<b>217</b>	<b>100%</b>	<b>286</b>	<b>100%</b>	<b>243</b>	<b>100%</b>	<b>326</b>	<b>100%</b>	<b>300</b>	<b>100%</b>	<b>288</b>	<b>100%</b>	<b>368</b>	<b>100%</b>	<b>2,893</b>	<b>100%</b>	

**Data Notes:**

\* Access refers to the degree to which services are quickly and readily obtainable to consumers. It includes the responsiveness of the Washington State Mental Health system to individual and cultural needs and the availability of mental health services.

\*\* Quality/Appropriateness refers to the degree that service features meet (fit) consumer needs and are free from error and deficiencies.

Complaint and Grievance data has been collected since 4-1-1999.

Beginning 10-1-2001 the data reflects both unduplicated cases (individuals at a point in time) and occurrences (each instance of a complaint, grievance, or fair hearing). If a complaint moves to an RSN grievance it is counted twice. Prior to 10-1-2001 each complaint was counted only once even if the complaint moved to a grievance or fair hearing. Comparison of data across these reporting periods should be interpreted cautiously due to the change in reporting methods.

Beginning 4-1-2001, Provider Level Grievances were also captured as occurrences. For the purposes of this Attachment, all occurrences are rolled-up.

**ATTACHMENT B - Adults**

**TABLE 1 - COMPLAINTS, GRIEVANCES, FAIR HEARINGS FILED**

**REPORTING FROM 4-1-2000 through 3/31/2006**

OCCURRENCES - (Includes occurrences of complaints, grievances, and fair hearings files)	TIME PERIOD																										
	4/1/2000 - 9/30/2000		10/1/2000 - 3/31/2001		4/1/2001 - 9/30/2001		10/1/2001 - 3/31/2002		4/1/2002 - 9/30/2002		10/1/2002 - 3/31/2003		4/1/2003 - 9/30/2003		10/1/2003 - 3/31/2004		4/1/2004 - 9/30/2004		10/1/2004 - 3/31/2005		4/1/2005 - 9/30/2005		10/1/2005 - 3/31/2006		4/1/2000 - 3/31/2006		
	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total
Unduplicated Number of Cases							137		159		180		225		193		251		215		176		185		1721		
Access*	17	10%	34	22%	24	15%	8	5%	25	15%	20	10%	37	14%	25	11%	40	14%	33	13%	33	15%	30	10%	326	13%	
Dignity and Respect	10	6%	23	15%	15	9%	26	16%	17	10%	17	8%	19	7%	7	3%	15	5%	21	8%	13	6%	31	10%	214	8%	
Quality/Appropriateness **	32	20%	21	13%	32	20%	35	22%	18	11%	22	11%	22	8%	5	2%	9	3%	9	3%	3	1%	7	2%	215	8%	
Phone Calls Not Returned	1	1%	5	3%	1	1%	2	1%	2	1%	2	1%	2	1%	3	1%	7	2%	9	3%	15	7%	12	4%	61	2%	
Service -- Intensity, Not Available, Coordination	30	19%	9	6%	19	12%	10	6%	17	10%	29	14%	20	8%	35	16%	47	16%	28	11%	13	6%	11	4%	268	10%	
Consumer Rights	24	15%	18	11%	14	9%	7	4%	15	9%	17	8%	19	7%	25	11%	30	10%	32	12%	40	18%	66	22%	307	12%	
Physicians & medications	11	7%	7	4%	12	7%	24	15%	11	7%	14	7%	29	11%	25	11%	20	7%	35	13%	30	14%	43	14%	261	10%	
Financial & Admin Svs.	4	2%	6	4%	7	4%	6	4%	8	5%	9	4%	21	8%	17	8%	55	19%	30	11%	19	9%	39	13%	221	9%	
Residential	1	1%	3	2%	2	1%	9	6%	17	10%	11	5%	7	3%	12	5%	1	0%	3	1%	2	1%	1	0%	69	3%	
Housing	28	17%	13	8%	6	4%	11	7%	8	5%	10	5%	11	4%	15	7%	27	9%	29	11%	21	10%	23	8%	202	8%	
Transportation		0%	2	1%	1	1%	1	1%	0	0%	0	0%	0	0%	2	1%	0	0%	2	1%	1	0%	4	1%	13	1%	
Emergency Services		0%	12	8%	21	13%	14	9%	20	12%	34	17%	44	17%	38	17%	31	11%	21	8%	21	10%	14	5%	270	11%	
Other	4	2%	5	3%	8	5%	7	4%	8	5%	16	8%	30	11%	13	6%	8	3%	11	4%	6	3%	22	7%	138	5%	
<b>Total</b>	<b>162</b>	<b>100%</b>	<b>158</b>	<b>100%</b>	<b>162</b>	<b>100%</b>	<b>160</b>	<b>100%</b>	<b>166</b>	<b>100%</b>	<b>201</b>	<b>100%</b>	<b>261</b>	<b>100%</b>	<b>222</b>	<b>100%</b>	<b>290</b>	<b>100%</b>	<b>263</b>	<b>100%</b>	<b>217</b>	<b>100%</b>	<b>303</b>	<b>100%</b>	<b>2,565</b>	<b>100%</b>	

**Data Notes:**

\* Access refers to the degree to which services are quickly and readily obtainable to consumers. It includes the responsiveness of the Washington State Mental Health system to individual and cultural needs and the availability of mental health services.

\*\* Quality/Appropriateness refers to the degree that service features meet (fit) consumer needs and are free from error and deficiencies.

Complaint and Grievance data has been collected since 4-1-1999.

Beginning 10-1-2001 the data reflects both unduplicated cases (individuals at a point in time) and occurrences (each instance of a complaint, grievance, or fair hearing). If a complaint moves to an RSN grievance it is counted twice. Prior to 10-1-2001 each complaint was counted only once even if the complaint moved to a grievance or fair hearing. Comparison of data across these reporting periods should be interpreted cautiously due to the change in reporting methods.

Beginning 4-1-2001, Provider Level Grievances were also captured as occurrences. For the purposes of this Attachment, all occurrences are rolled-up.

**ATTACHMENT B - Kids**

**TABLE 1 - COMPLAINTS, GRIEVANCES, FAIR HEARINGS FILED**

**REPORTING FROM 4-1-2000 through 3/31/2006**

OCCURRENCES - (Includes occurrences of complaints, grievances, and fair hearings files)	TIME PERIOD																										
	4/1/2000 - 9/30/2000		10/1/2000 - 3/31/2001		4/1/2001 - 9/30/2001		10/1/2001 - 3/31/2002		4/1/2002 - 9/30/2002		10/1/2002 - 3/31/2003		4/1/2003 - 9/30/2003		10/1/2003 - 3/31/2004		4/1/2004 - 9/30/2004		10/1/2004 - 3/31/2005		4/1/2005 - 9/30/2005		10/1/2005 - 3/31/2006		4/1/2000 - 3/31/2006		
	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total
Unduplicated Number of Cases							4		3		13		20		21		36		35		58		53		243		
Access*	9	33%	2	17%	0	0%	0	0%	0	0%	0	0%	2	8%	4	19%	4	11%	3	8%	14	20%	7	11%	45	14%	
Dignity and Respect	0	0%	0	0%	0	0%	0	0%	1	33%	2	13%	4	16%	1	5%	3	8%	1	3%	4	6%	6	9%	22	7%	
Quality/Appropriateness **	3	11%	3	25%	3	30%	0	0%	2	67%	4	25%	3	12%	4	19%	4	11%	8	22%	6	8%	8	12%	48	15%	
Phone Calls Not Returned	0	0%	1	8%	1	10%	0	0%	0	0%	1	6%	0	0%	2	10%	3	8%	3	8%	11	15%	5	8%	27	8%	
Service -- Intensity, Not Available, Coordination	5	19%	3	25%	1	10%	0	0%	0	0%	4	25%	2	8%	5	24%	9	25%	6	16%	7	10%	3	5%	45	14%	
Consumer Rights	1	4%	0	0%	0	0%	1	20%	0	0%	1	6%	1	4%	1	5%	2	6%	5	14%	9	13%	9	14%	30	9%	
Physicians & medications	2	7%	1	8%	3	30%	4	80%	0	0%	0	0%	1	4%	1	5%	2	6%	6	16%	8	11%	11	17%	39	12%	
Financial & Admin Svs.	2	7%	1	8%	0	0%	0	0%	0	0%	0	0%	1	4%	2	10%	4	11%	0	0%	2	3%	2	3%	14	4%	
Residential	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	6	24%	0	0%	0	0%	1	3%	3	4%	0	0%	10	3%	
Housing	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	3%	0	0%	1	2%	2	1%	
Transportation	0	0%	1	8%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	3%	0	0%	1	1%	0	0%	3	1%	
Emergency Services	1	4%	0	0%	2	20%	0	0%	0	0%	1	6%	0	0%	0	0%	1	3%	2	5%	4	6%	1	2%	12	4%	
Other	4	15%	0	0%	0	0%	0	0%	0	0%	3	19%	5	20%	1	5%	3	8%	1	3%	2	3%	12	18%	31	9%	
<b>Total</b>	<b>27</b>	<b>100%</b>	<b>12</b>	<b>100%</b>	<b>10</b>	<b>100%</b>	<b>5</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>16</b>	<b>100%</b>	<b>25</b>	<b>100%</b>	<b>21</b>	<b>100%</b>	<b>36</b>	<b>100%</b>	<b>37</b>	<b>100%</b>	<b>71</b>	<b>100%</b>	<b>65</b>	<b>100%</b>	<b>328</b>	<b>100%</b>	

**Data Notes:**

\* Access refers to the degree to which services are quickly and readily obtainable to consumers. It includes the responsiveness of the Washington State Mental Health system to individual and cultural needs and the availability of mental health services.

\*\* Quality/Appropriateness refers to the degree that service features meet (fit) consumer needs and are free from error and deficiencies.

Complaint and Grievance data has been collected since 4-1-1999.

Beginning 10-1-2001 the data reflects both unduplicated cases (individuals at a point in time) and occurrences (each instance of a complaint, grievance, or fair hearing). If a complaint moves to an RSN grievance it is counted twice. Prior to 10-1-2001 each complaint was counted only once even if the complaint moved to a grievance or fair hearing. Comparison of data across these reporting periods should be interpreted cautiously due to the change in reporting methods.

Beginning 4-1-2001, Provider Level Grievances were also captured as occurrences. For the purposes of this Attachment, all occurrences are rolled-up.

Chart 1 -  
**Access**

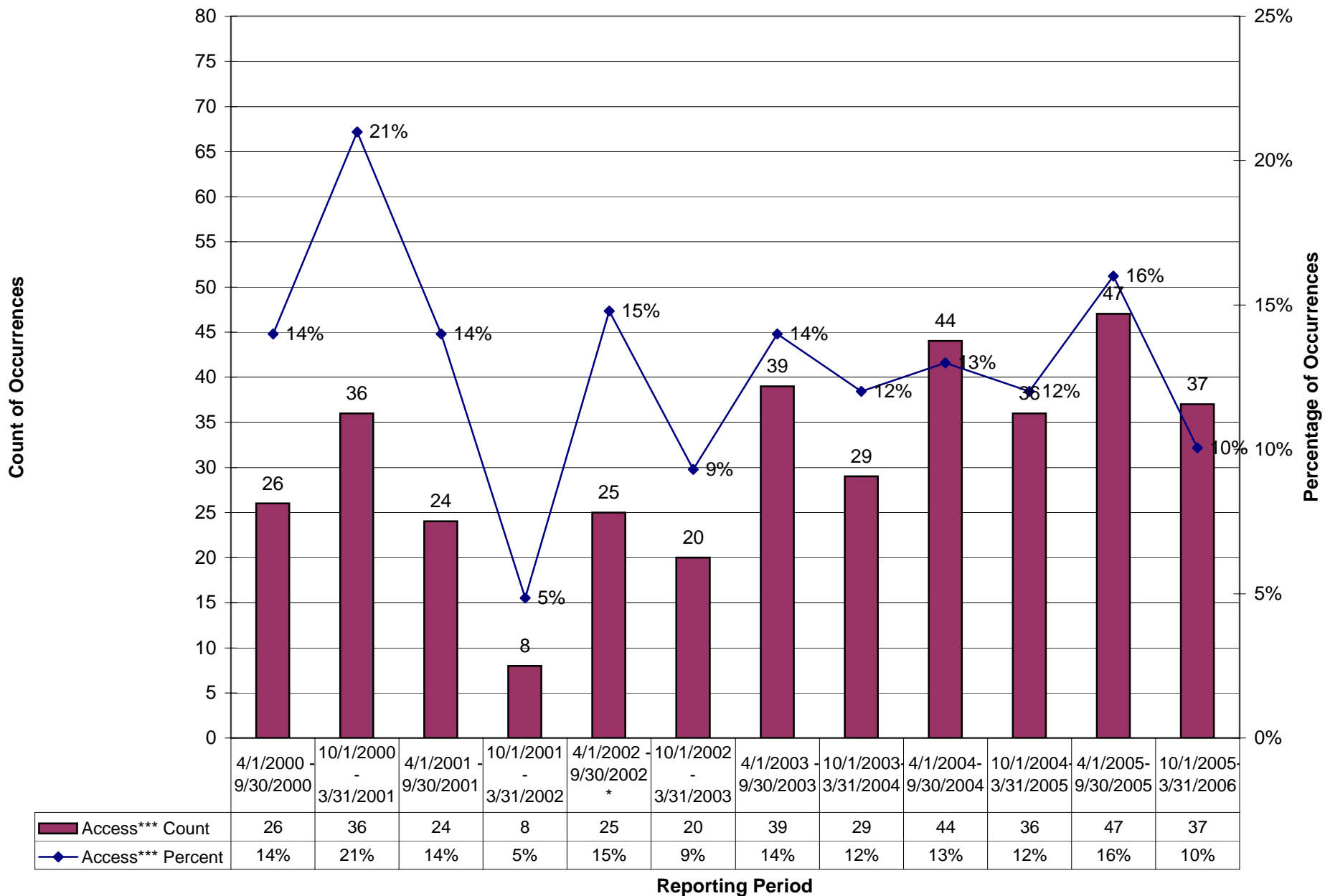
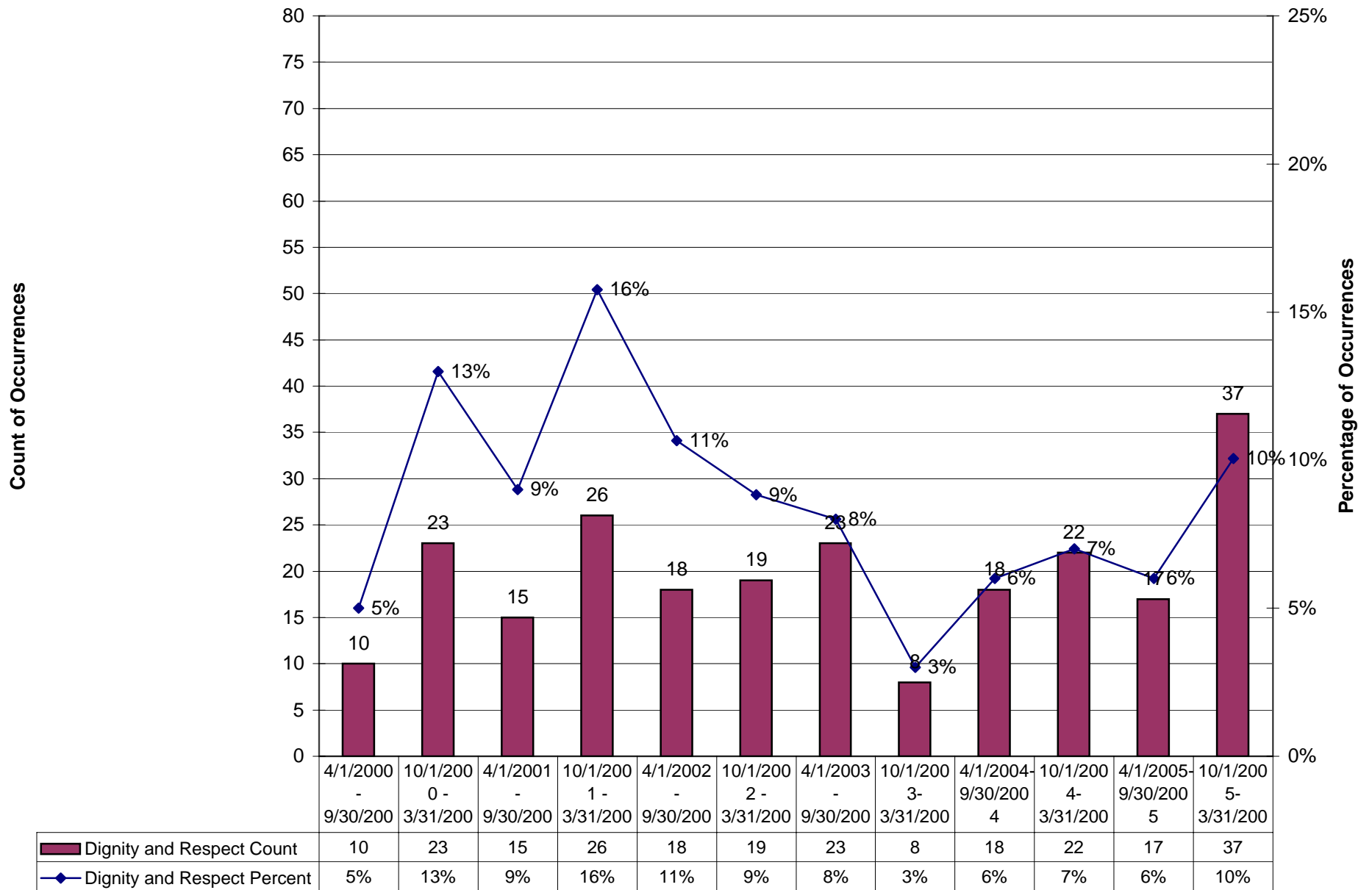


Chart 2 -  
**Dignity and Respect**



Reporting Period

Chart 3 -  
**Quality/Appropriateness**

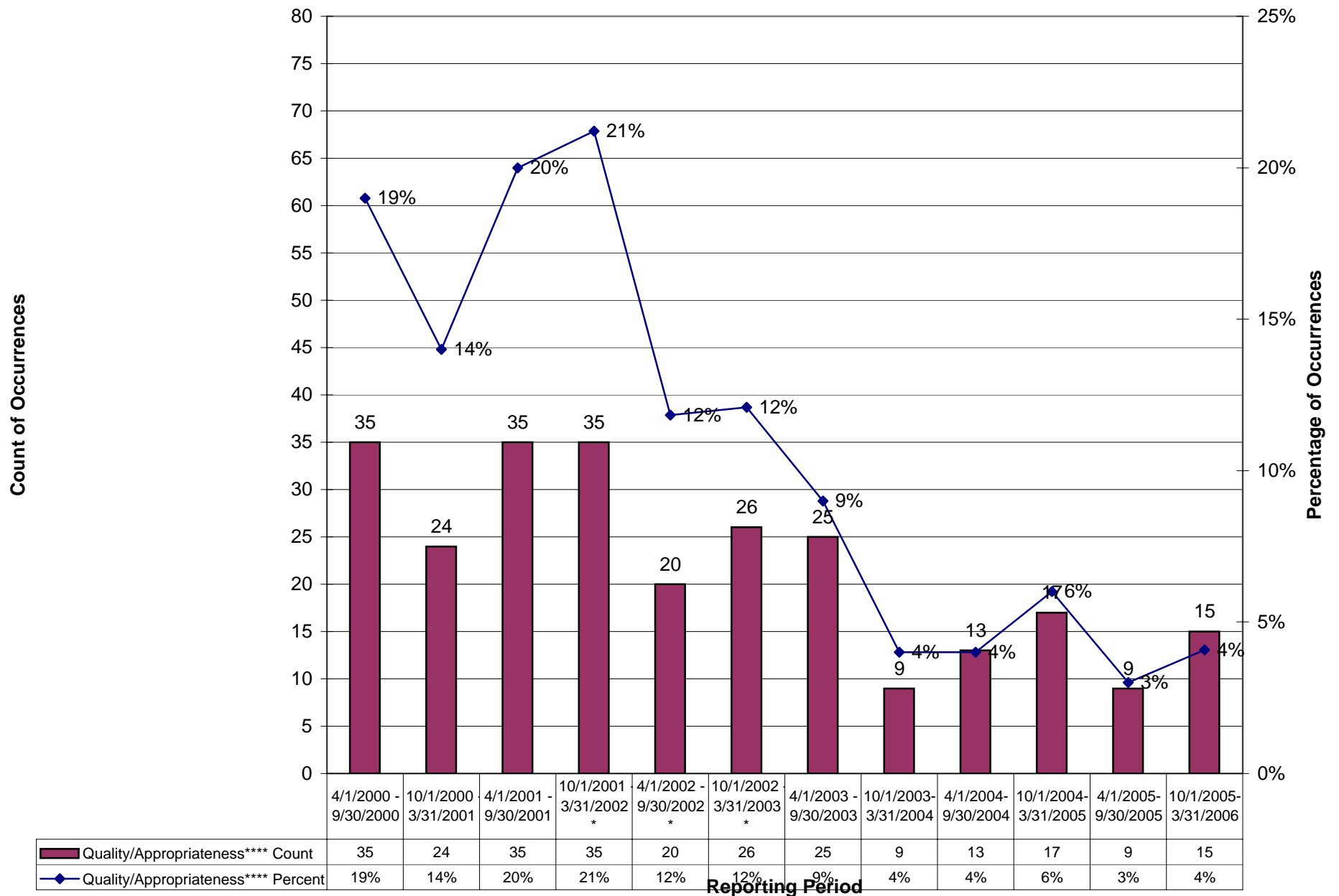


Chart 4 -  
**Phone Calls**

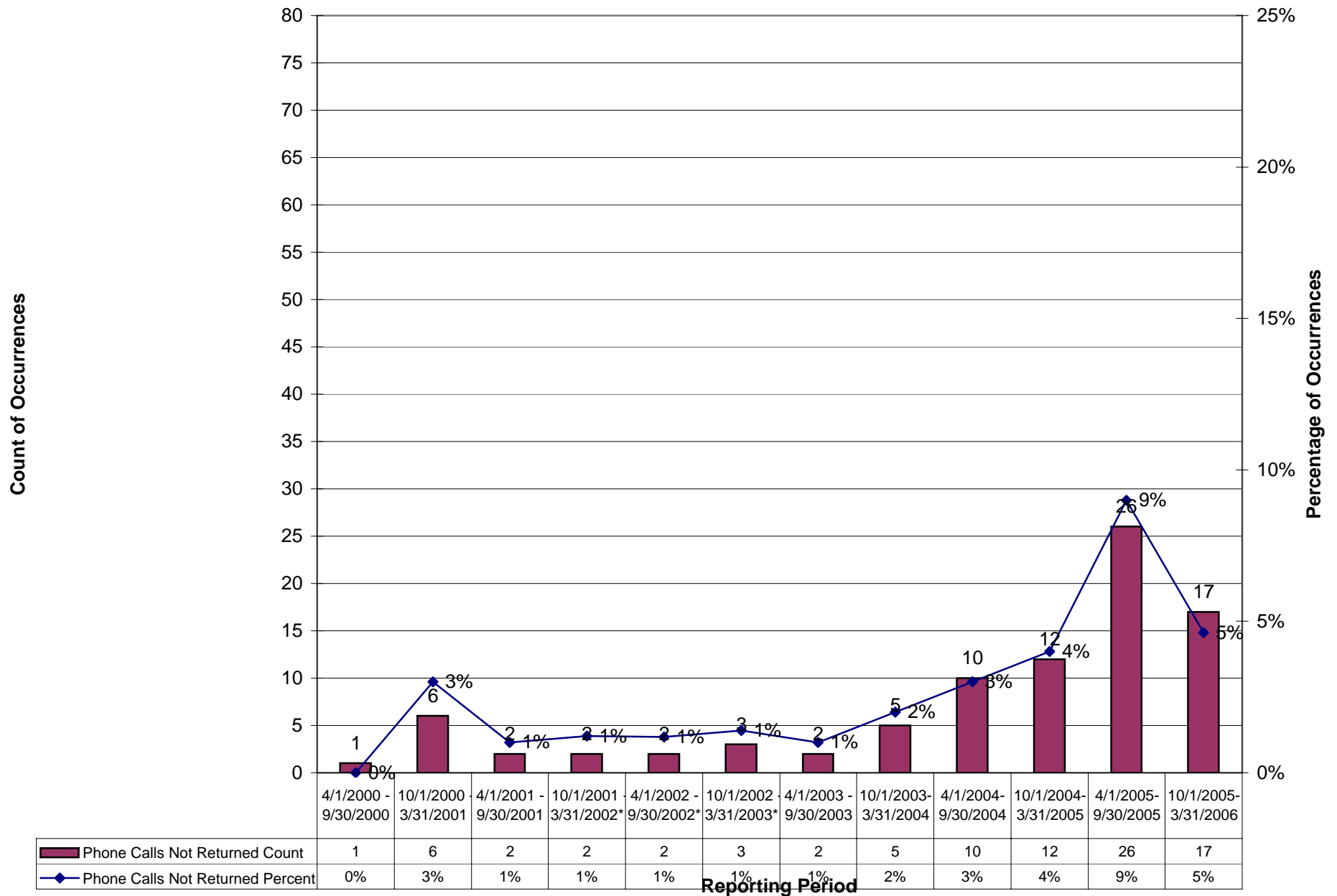
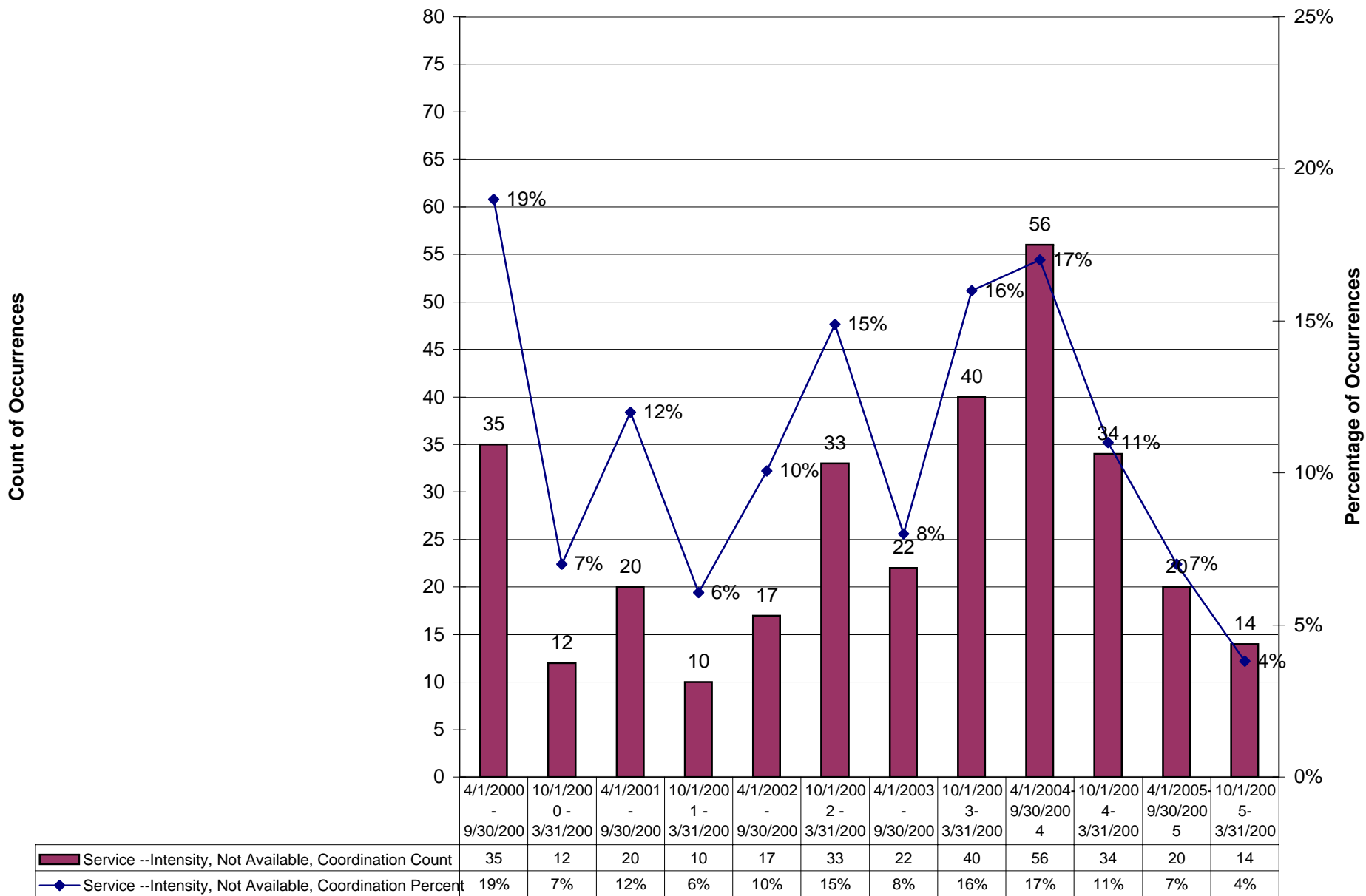


Chart 5 -

**Service -- Intensity, Not Available, Coordination**



Reporting Period

Chart 6 -  
**Consumer Rights**

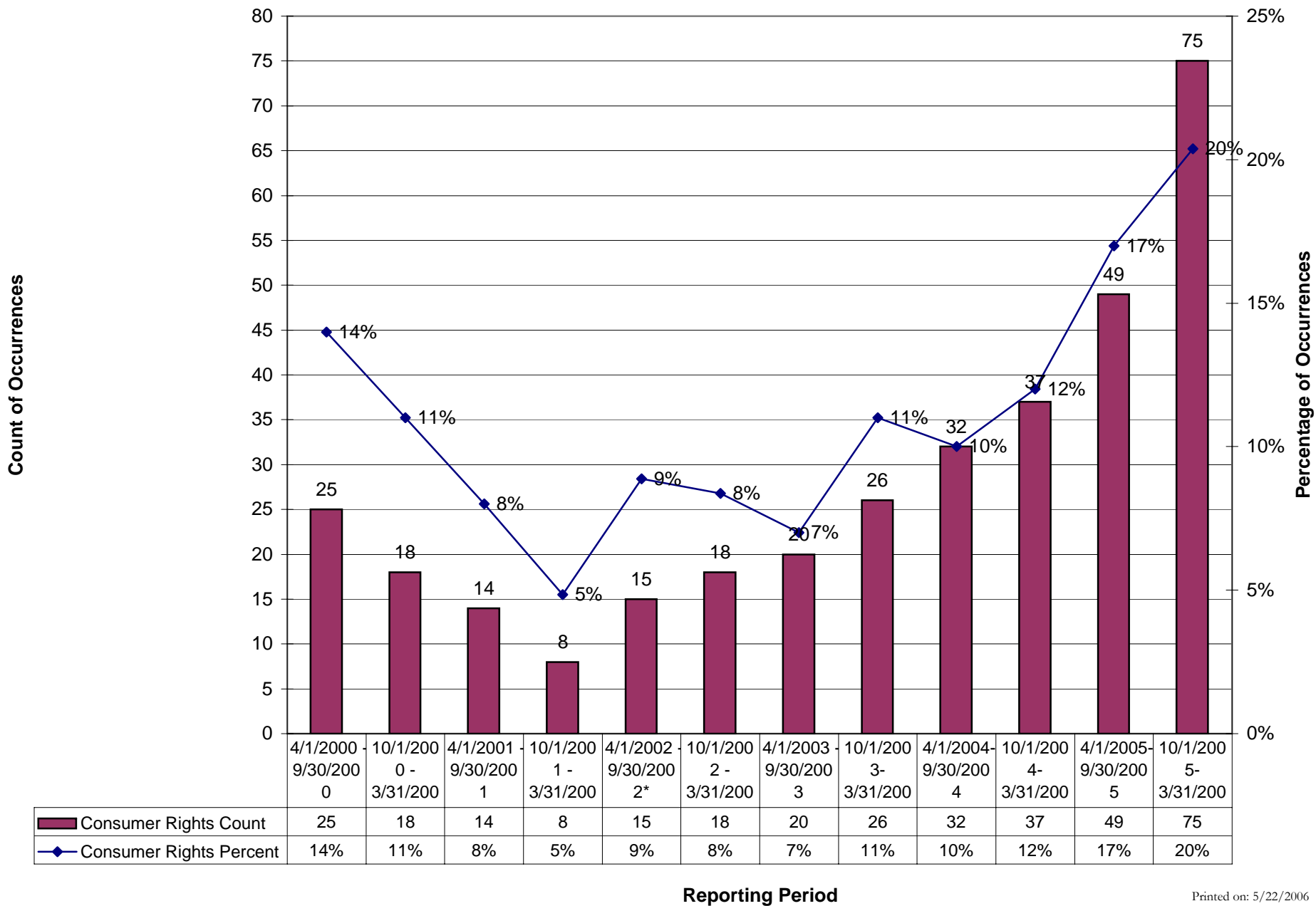


Chart 7 -  
**Physicians & Medications**

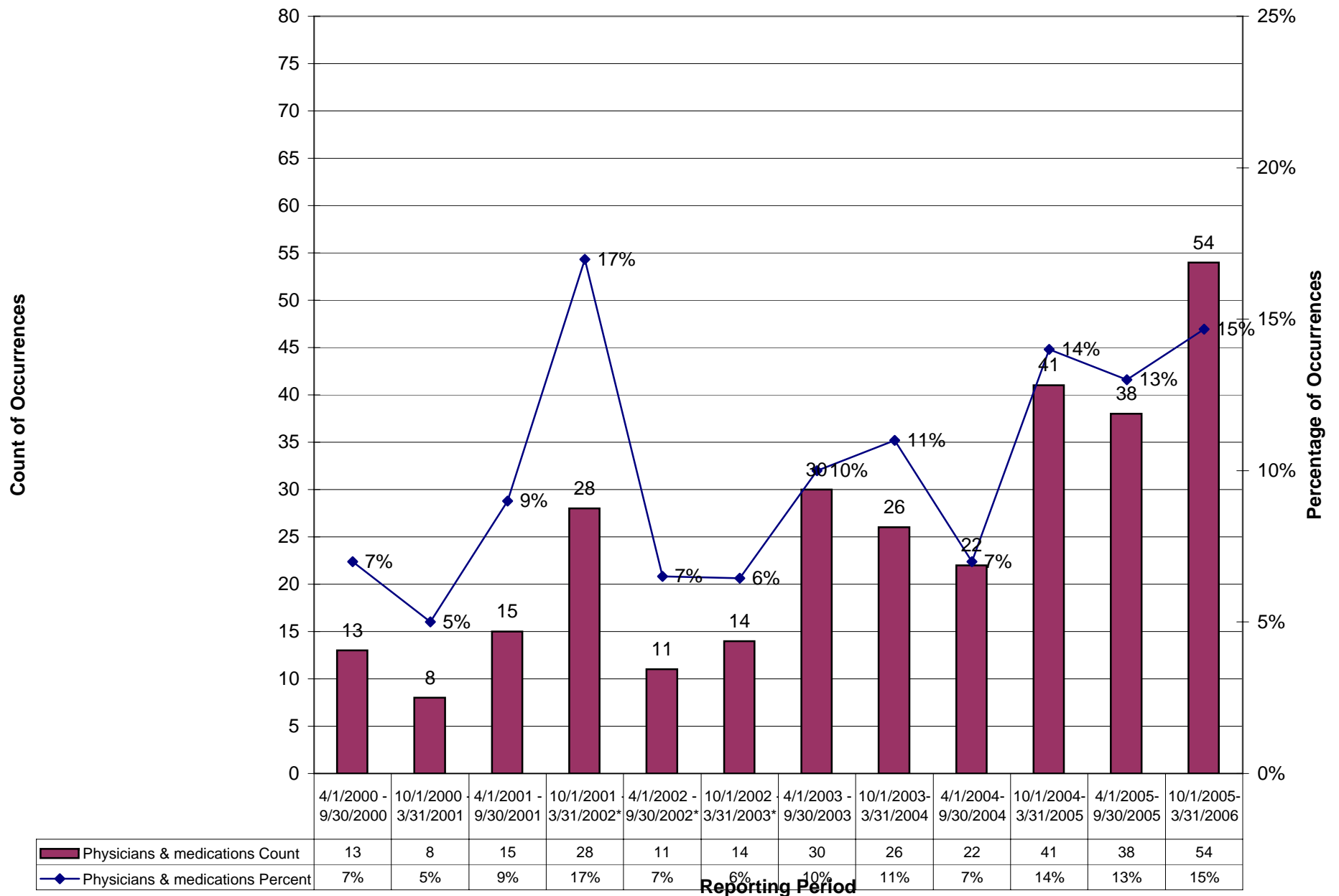


Chart 8 -  
**Financial & Admin. Services**

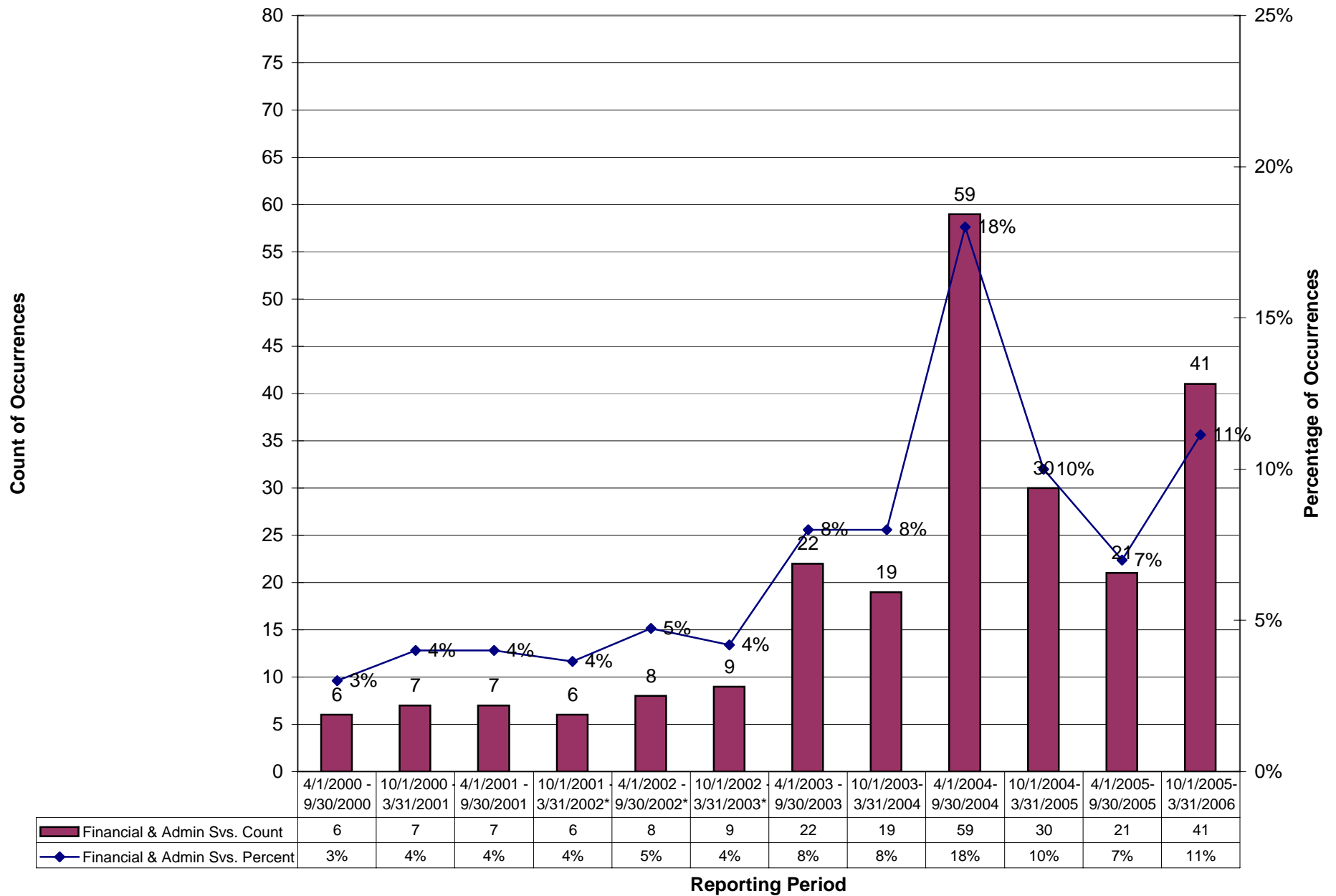


Chart 9 -  
**Residential**

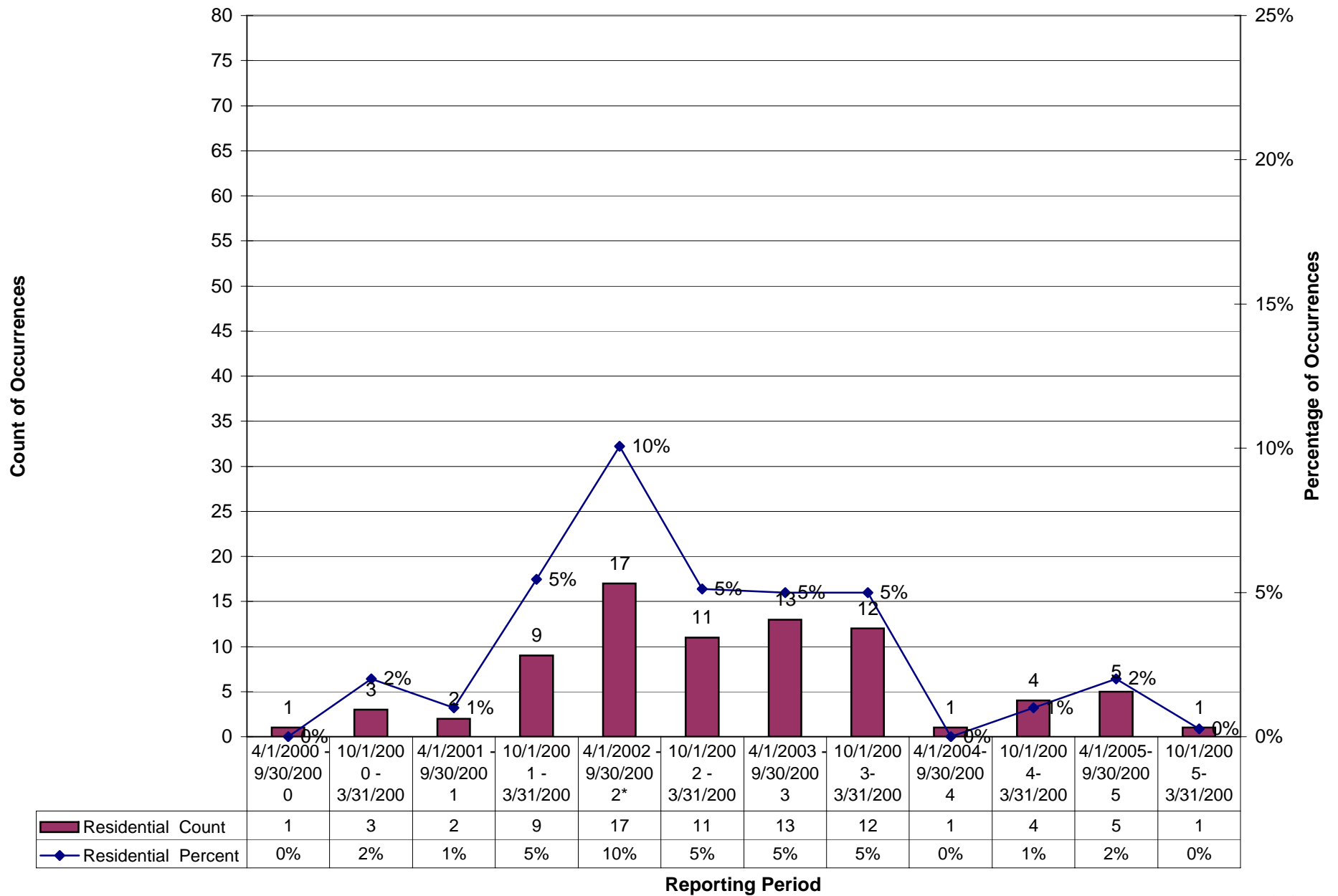


Chart 10 -  
**Housing**

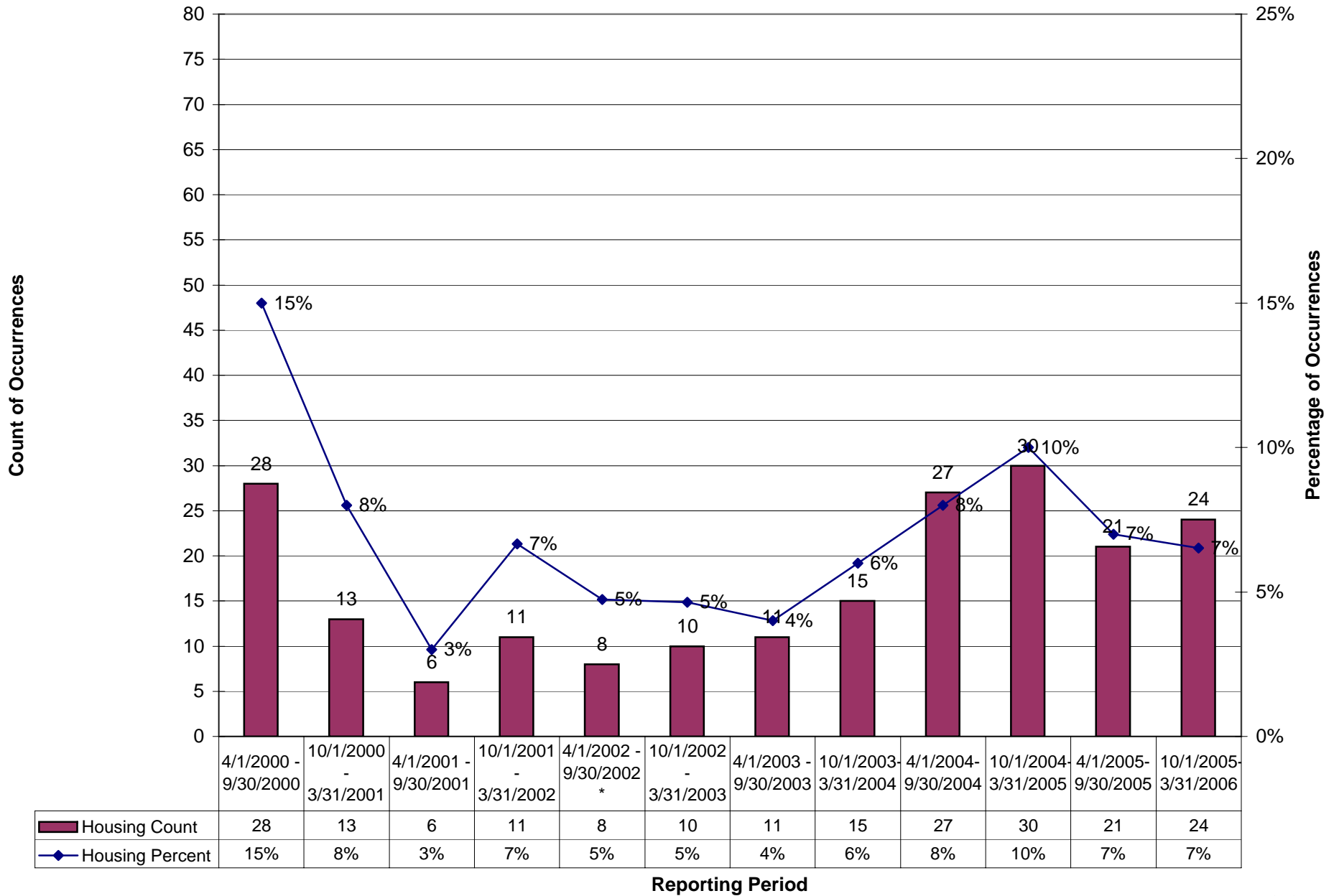


Chart 11 -  
**Transportation**

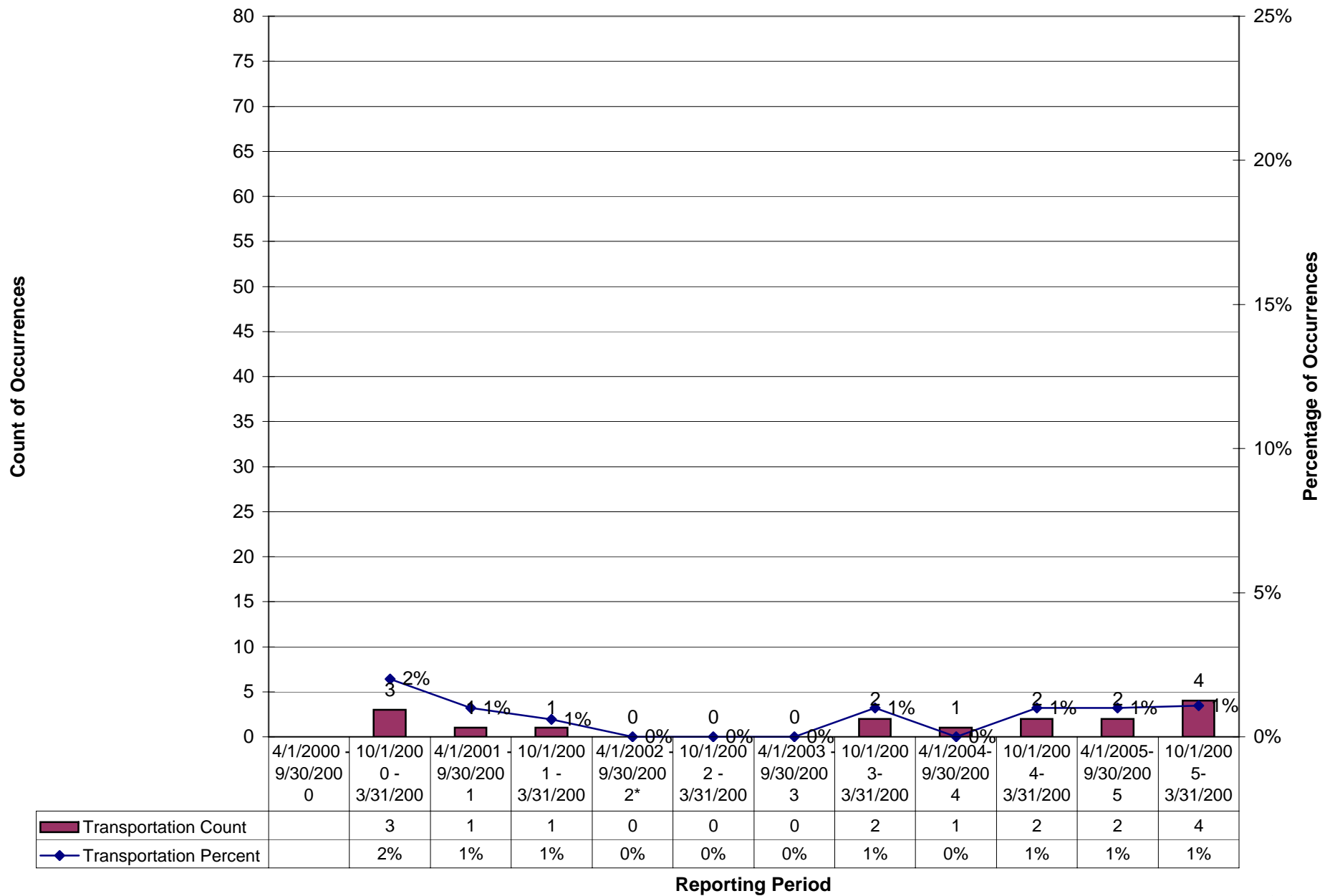
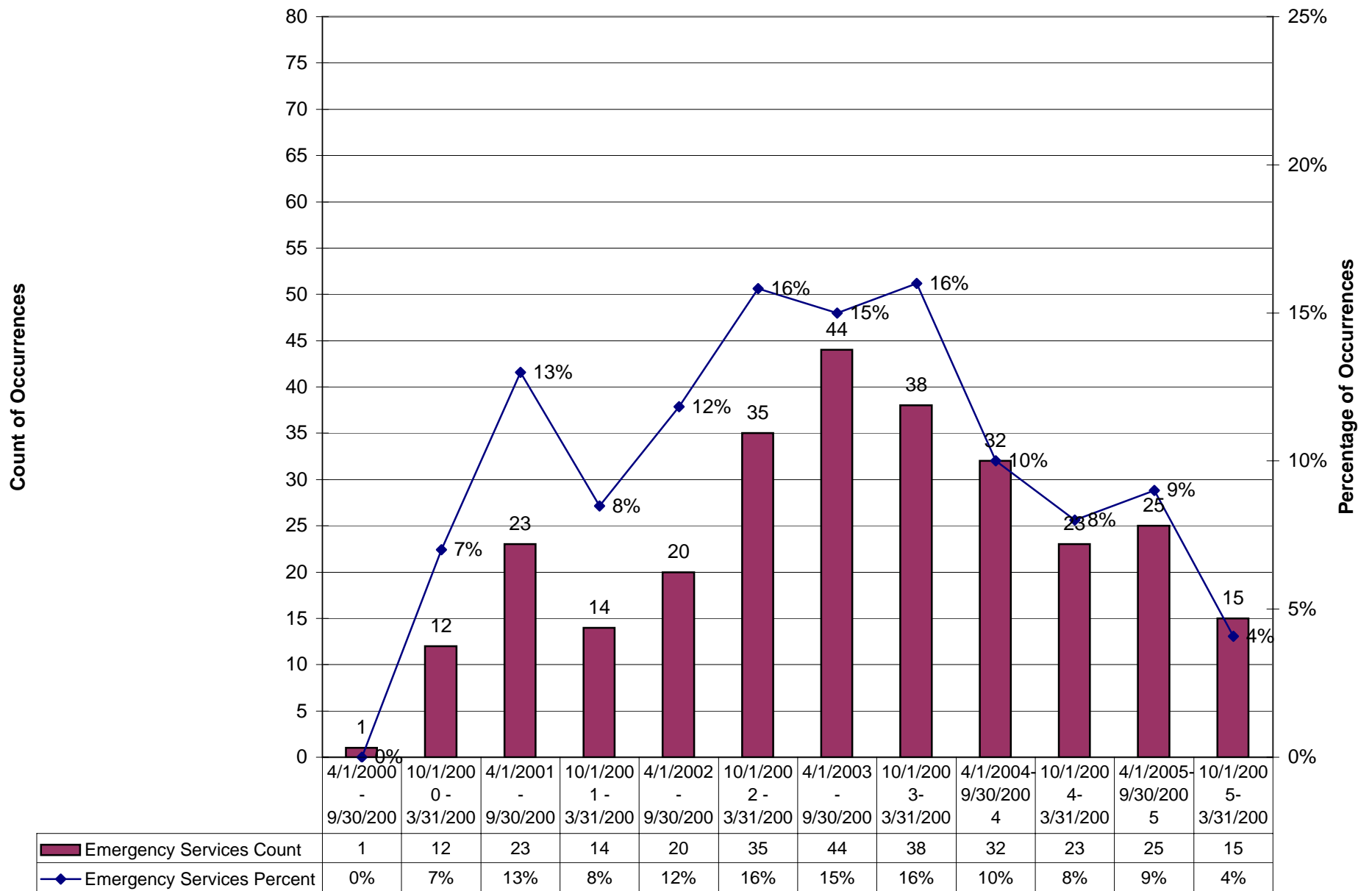


Chart 12 -  
**Emergency Services**



Reporting Period

Chart 13 -  
**Other**

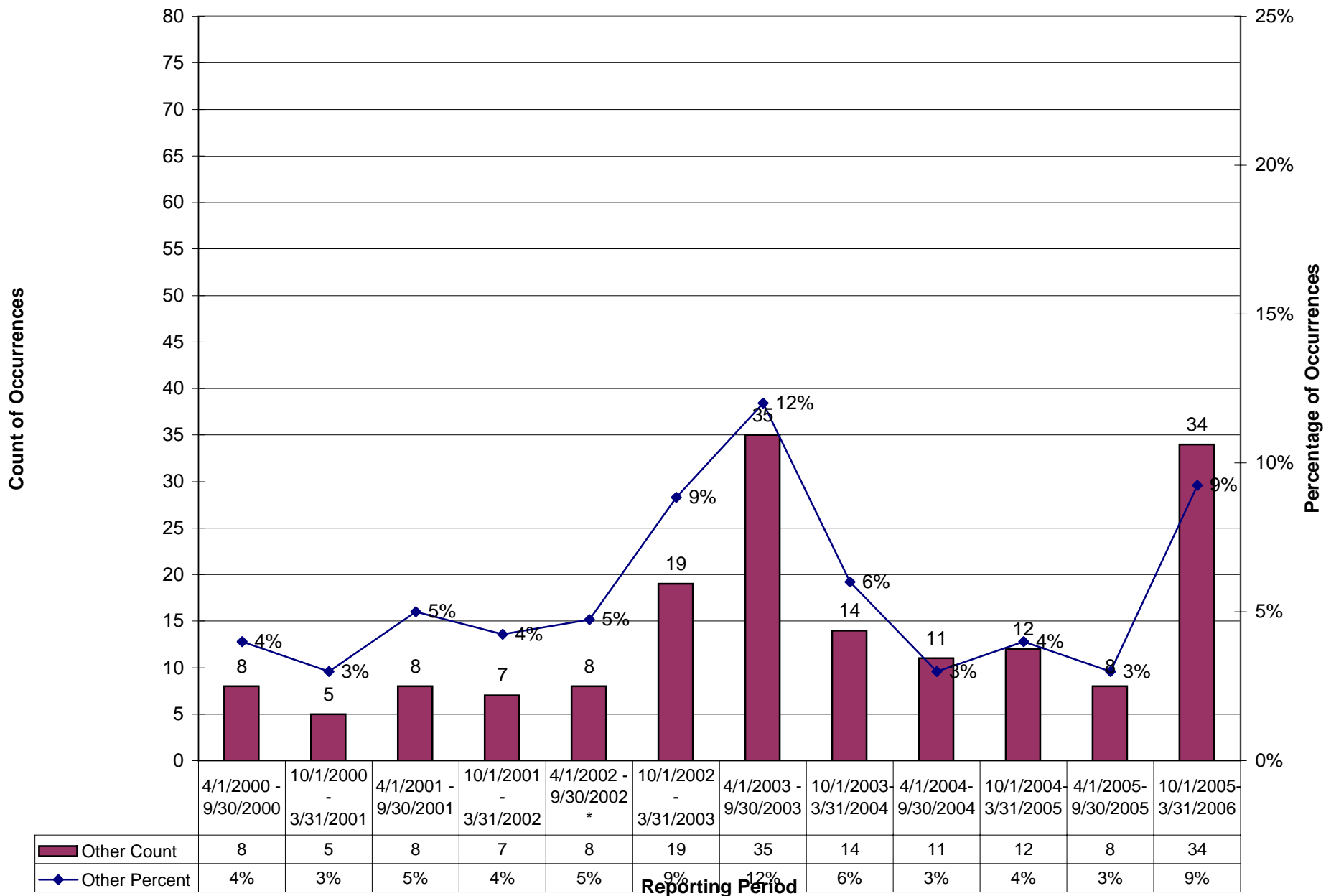
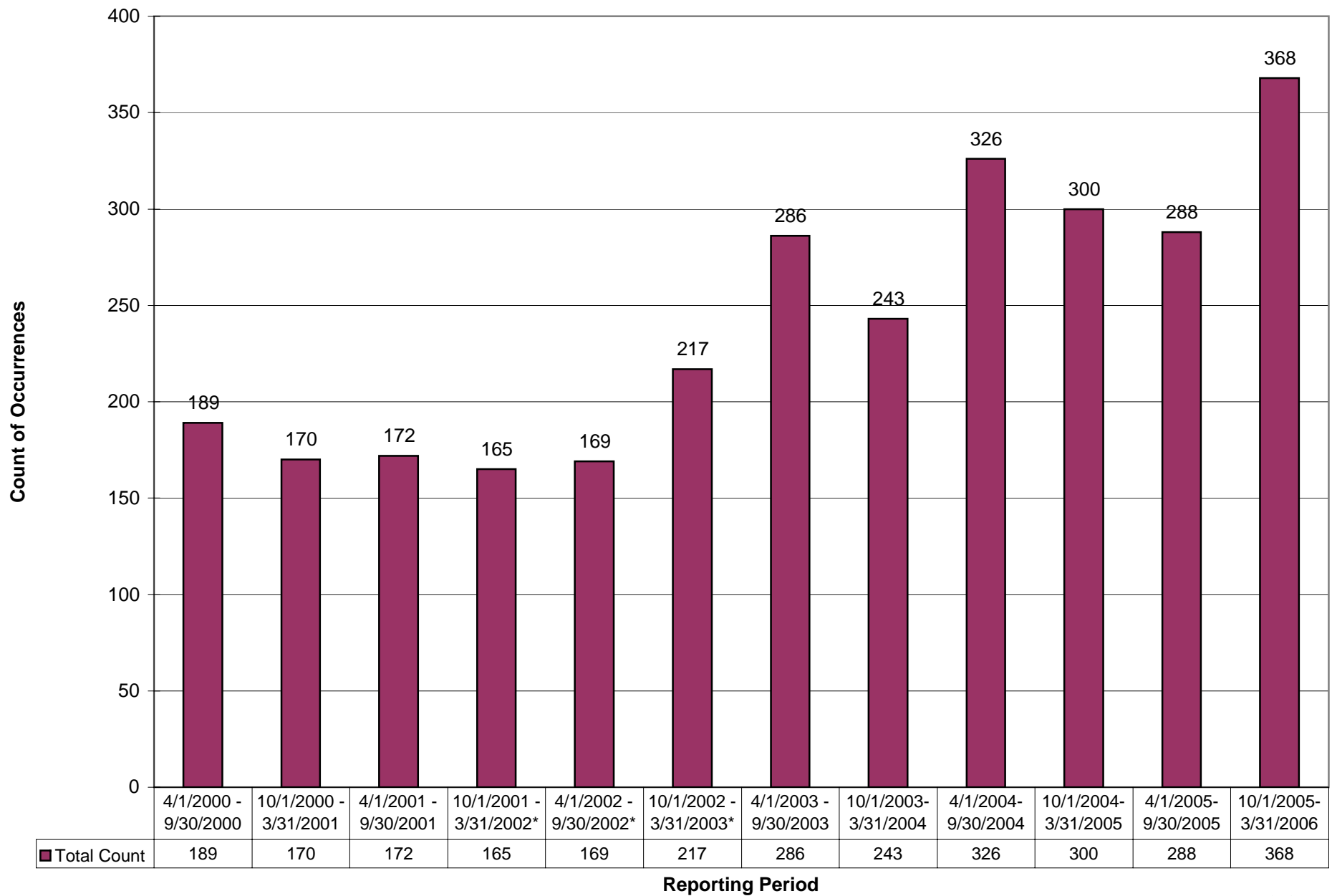


Chart 14 -  
**Total Occurrences**



**Attachment C**

**Table 2 - NSMHA Complaint, Grievance, Fair Hearing Data - Past Six Months, Past Year, Since 4/1/2000\*  
REPORTING FROM 4/1/2000 through 3/31/2006**

<b>Past Six Months 10/1/2005 - 3/31/2006</b>		
<b>Type</b>	<b>Total</b>	<b>Percentage</b>
Consumer Rights	75	20%
Physicians & medications	54	15%
Financial & Admin Svs.		
	41	11%
Access*	37	10%
Dignity and Respect	37	10%
Other	34	9%
Housing	24	7%
Phone Calls Not Returned	17	5%
Emergency Services	15	4%
Quality/Appropriateness		
	15	4%
Service -- Intensity, Not Available, Coordination	14	4%
Transportation	4	1%
Residential	1	0%
<b>Total</b>	<b>368</b>	<b>100%</b>

<b>Past Year 4/1/2005 through 3/31/2006</b>		
<b>Type</b>	<b>Total</b>	<b>Percentage</b>
Consumer Rights	124	19%
Physicians & medications	92	14%
Access*		
	84	13%
Financial & Admin Svs.	62	9%
Dignity and Respect	54	8%
Housing	45	7%
Phone Calls Not Returned	43	7%
Other	42	6%
Emergency Services	40	6%
Service -- Intensity, Not Available, Coordination	34	5%
Quality/Appropriateness		
	24	4%
Residential	6	1%
Transportation	6	1%
<b>Total</b>	<b>656</b>	<b>100%</b>

<b>Since 4/1/2000 4/1/2000 through 9/30/2005</b>		
<b>Type</b>	<b>Total</b>	<b>Percentage</b>
Access*	371	13%
Consumer Rights	337	12%
Service -- Intensity, Not Available, Coordination	313	11%
Physicians & medications	300	10%
Emergency Services	282	10%
Quality/Appropriateness	263	9%
Dignity and Respect	236	8%
Financial & Admin Svs.	235	8%
Housing	204	7%
Other		
	169	6%
Phone Calls Not Returned		
	88	3%
Residential	79	3%
Transportation	16	1%
<b>Total</b>	<b>2,893</b>	<b>100%</b>

\* NSMHA has been collecting Complaint and Grievance data since 4/1/1999. The data for 4/1/1999 through 3/31/2000 is not included in this table, as collection methods were less standardized at that time.

**PIHP Exhibit N Notice of Action Appeals Report 05-06**

PIHP North Sound Mental Health Administration

Report Period October 1, 2005 through March 31, 2006

<b>ADULTS</b>		<b>Resolutions</b>		
<b>Expedited Appeals</b>	Resolution within 3 working days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
	Referred to Standard Appeals			
	Denials			
	Reduction			
	Suspensions			
	Terminations			
<b>Total</b>				

<b>CHILDREN</b>		<b>Resolutions</b>		
<b>Expedited Appeals</b>	Resolution within 3 working days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
	Referred to Standard Appeals			
	Denials			
	Reduction			
	Suspensions			
	Terminations			
<b>Total</b>				

		<b>Resolutions</b>			
<b>Standard Appeals</b>	Resolution within 45 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied	
	Denials	2	2		
	Reduction				
	Suspensions				
	Terminations				
	<b>Total</b>	2	2		

		<b>Resolutions</b>			
<b>Standard Appeals</b>	Resolution within 45 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied	
	Denials				
	Reduction				
	Suspensions				
	Terminations				
	<b>Total</b>				

		<b>Resolutions</b>			
<b>Standard Appeals</b>	Resolution within 59 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied	
	Denials				
	Reduction				
	Suspensions				
	Terminations				
	<b>Total</b>				

		<b>Resolutions</b>			
<b>Standard Appeals</b>	Resolution within 59 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied	
	Denials				
	Reduction				
	Suspensions				
	Terminations				
	<b>Total</b>				

ATTACHMENT E

TABLE 3 NORTH SOUND MENTAL HEALTH ADMINISTRATION DENIALS AND APPEALS																		
DENIAL TYPE	10/1/2004 through 3/31/2005						4-1-2005 through 9/30/2005						10/1/2005 through 3/31/2006					
	Denials			Appeals			Denials			Appeals			Denials			Appeals		
	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total
Access To Outpatient	59	69	128	5	2	7	62	61	123	4	1	5	47	75	122	2		2
Transportation																		
Emergency Services																		
Access to Inpatient	*	*	*				3	3	6									
Other																		
<b>Total</b>	59	69	128	5	2	7	65	64	129	4	1	5	47	75	122	2	0	2

Data Notes:

\*The NSMHA did not collect data on the number of inpatient denials for this period.

\*\* There were 5 appeals from 4/1/2004 through 9/30/2004. The denial and appeal process began on June 1, 2005 and therefore appeal data for this period does not represent a full 6 months of data.

ATTACHMENT F

Table 4 Percentage of Cases and Occurrences Reported by Ombuds Services and Providers 4-2003 through 3-2006												
Reporting Period	4-2003 through 9-2003		10-2003 through 3-2004		4-2004 through 9-2004		10-2004 through 3-2005		4-2005 through 9-2005		10-2005 through 3-2006	
Ombuds	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ
%	80%	80%	77%	72%	70%	73%	63%	67%	69%	70%	67%	75%
#	(196)	(229)	(165)	(175)	(201)	(238)	(157)	(202)	(162)	(203)	(158)	(273)
Providers	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ
%	20%	20%	23%	28%	30%	27%	37%	33%	31%	30%	33%	25%
#	(49)	(57)	(49)	(68)	(86)	(88)	(93)	(98)	(72)	(85)	(79)	(92)
<b>Total</b>	100% (245)	100% (286)	100% (214)	100% (243)	100% (287)	100% (326)	100% (250)	100% (300)	100% (234)	100% (288)	100% (237)*	100% (365)*

Data Note: \*The NSMHA reported 1 case and 3 occurrences that were not captured by Providers or Ombuds

Table 5 Reported Emergency Services Complaints by Reporting Source* 4-2003 through 3-2006							
Reporter	4-3003 through 9-2003	10-2003 through 3-2004	4-2004 through 9-2004	10-2004 through 3-2005	4-2005 through 9-2005	10-2005 through 3-2006	Total
Ombuds Services	31	26	23	13	22	12	127
Volunteers of America	8	8	5	8	0	1	30
Snohomish County ITA	5	3	2	2	0	2	14
Lake Whatcom	0	0	0	0	0	0	0
Catholic Community Services	0	0	0	0	0	0	0
Sea Mar	0	0	0	0	0	0	0
Whatcom Counseling and Psychiatric Clinic	0	1	0	0	1	0	2
Associated Provider Network	0	0	0	0	0	0	0
<i>bridgeways</i>	0	0	0	0	0	0	0
Compass Health	0	0	2	0	2	0	4
<b>Total</b>	<b>44</b>	<b>38</b>	<b>32</b>	<b>23</b>	<b>25</b>	<b>15</b>	<b>177</b>

Data Note: \* Complaint, Grievance, and Fair Hearing occurrences have been collapsed into one category.