

HOLDING OURSELVES ACCOUNTABLE

Approved by MVBCN Regional Advisory Council

January 15, 2010

This is the process to be followed if an MVBCN contractor fails to meet a performance expectation, including but not limited to contract compliance, Quality Management Committee (QMC) requirements, and data submission:

PRINCIPLES: MVBCN representatives requesting information or communicating contractual expectations need to make the process user friendly. Complex data requests should be designed with input from the people responsible for responding.

Notification to providers and an opportunity for problem solving and assistance to the provider should be incorporated at every stage of this process. All steps should be documented. Grievance procedures are outlined in the contract signed by the MVBCN and provider organizations.

STEP 1: The provider is contacted by someone authorized by the MVBCN with responsibility for the specific task, who can explore with them what difficulty they are having, problem solve, offer technical assistance (TA), and set new timelines if needed. Information gathered can be used to improve the process.

STEP 2: If there is an inadequate response from the provider a report is made to the Clinical Director, who can review whether the problem is related to the request itself and is affecting a number of providers, or if it seems related to specific provider difficulties. If the latter, a written work plan is developed, which describes the expected corrective action. In either case, the MVBCN staff take a “provider relations”, technical assistance role in attempting to assist the provider in solving the difficulty. The Clinical Director consults with QMC prior to requiring a written work plan and reports to QMC on the response to any work plan.

STEP 3: If the matter(s) is (are) not fully resolved, the Clinical Director reports the efforts to-date and the unresolved problems to the Executive Manager, the agency director, the county agency of the affected provider and MVBCN Council. Failure to complete an agreed-upon work plan is documented in the provider's recredentialing file and copied to the executive of the provider organization.

STEP 4: The Executive Manager may take any or all of the following actions:

- Require timely compliance with a final work plan and inform the provider’s governing body;
- Initiate sanctions appropriate to the deficiency;
- Report the matter to the Oregon DHS Addictions and Mental Health Division or Oregon Health Authority as required by the MHO Contract

STEP 5: After expiration of the time allowed for completion of this final work plan, the MVBCN Executive Manager and Clinical Director will evaluate the adequacy of the response.

STEP 6: If the fulfillment of the final work plan is deficient, the Executive Manager will consult with the Regional Advisory Council prior to any recommendation for termination of provider status being taken to the MVBCN Board of Directors. Any termination process will follow the terms of the contract between the MVBCN and the provider organization.