GREATER COLUMBIA BEHAVIORAL HEALTH – ADMINISTRATIVE SERVICE ORGANIZATION

IQMOC COMMITTEE

Date & Time: April 20th 2026; 11:00

Location: Greater Columbia BH-ASO

DRAFT

Attendees:					
☒	R-Sindi Saunders, GCBH-ASO	☒	Meredith Piehowski	☐	
☒	R-Sylvie Stacy, GCBH-ASO Medical Director	☒	Roberta Ellis	☐	
☒	R-Gordon Cable, GCBH-ASO	☒	Zachary Roddy	☐	
☒	R-Cameron Fordmeir, GCBH-ASO	☐		☐	
☐	R-Karen Richardson, GCBH-ASO	☐		☐	
☒	R-Cody Nesbitt, GCBH-ASO	☐		☐	
☒	R-Fawn Wagner, GCBH-ASO	☐		☐	
☐	R-Kathleen Stewardson, PRC	☐		☐	R- Indicates Required Committee Member

No	Agenda Items	Summary Meeting Notes
1.	Care Coordination/Network Adequacy	Kris discussed: • Continuing with care coordination with ESH. On meetings 2-4 times a week with ESH, DSHS, MCOs, and ASOs for D/C planning and care coordination. Meredith discussed: • Currently working with a family with Private/Commercial insurance that is exploring CLIP • Continuing to provide care coordination meetings and work with families and providers as needed. • YARP has been providing consults regarding services we have in the area for a couple of families • Met with Pasco School District Special Ed director and provided consultation. Kris discussed: • Have had a couple of youth transferred from ITA's to CLIP; authorized their acute stay in a facility in Spokane. They ended up doing a direct transfer to CLIP. Meredith discussed: • 3 ITA's to CLIP this year. Until an MCO is assigned to them, Meredith attends their pre-admit meetings and sometimes their first team meetings. Once an MCO is assigned, they will take over. Sindi discussed: • Walla Walla State Penitentiary called GCBH. They wanted an individual that had a mental health diagnosis to be detained to ESH. Two Walla Walla DCR's did assessments and did not feel like the individual met detention criteria. The prison wanted him detained instead of released; the individual was released to King County. The prison wanted to file a grievance against the DCR's; Sindi called and spoke to the commander. After talking to Comprehensive, the jail commander realized not all the paperwork was not in order, no medical clearance had been made, etc. There is now an educational opportunity. The DCR's are scheduling a

		time to go into the jail to do education and training on their job, what the criteria is to detain, etc
2.	Utilization data of crisis system metrics	Cody discussed: • Crisis Data Dashboard. All metrics are being met. • VOA did some internal restructuring, and it bumped their abandoned calls up slightly; nothing is out of compliance with this increase. • All targets being met • VOA and Comprehensive are down DCR's • Elevated numbers for DCR response time due to lack of DCR's in Yakima. • Percentage of emergent calls responded to within 2 hours is lower than what we would like to see. Kris discussed: • Where Yakima County is on their response time since they are down DCR's. • Cody responded that Yakima County/Comprehensive is out of Compliance. • Comprehensive is still meeting their expected targets, but their Yakima location is struggling • Comprehensive is down 4 DCR's Sindi discussed: • Since the numbers are consistently going down, there should be a meeting to discuss this. May do a corrective action just to have on record that we have a goal that we are working toward, and they have work to do. • Wondering if the ITA court situation affects the response times since they are limiting caseloads.
3.	Authorization and Notification Timeline monitoring	Kris discussed • Reviewed authorization decision timeframes and we are meeting all requirements and continuing to monitor on a regular basis • All Authorization requests done within 2 business days.
4.	Inpatient/E&T/LTB Utilization review: ▪ Approval rate ▪ Denial Monitoring ▪ Volume and trends	Kris said: • Continuing to do care coordination on Long Term Bed Diversions. Aristo will be opening LTCC beds as soon as May 2026. No issues currently. • One Single Bed Certification for individuals without Medicaid in March. Discussed that it was due to medical concerns that began during a psychiatric hospitalization and was not due to a lack of psychiatric beds available at time of initial detention. Salomon discussed: • 3 no bed reports; 2 in Yakima County; 1 in Walla Walla County. History of aggressive behavior and due to high acuity.
5.	CSU/CRC Utilization review: ▪ Authorizations ▪ Denials ▪ Volume and trends	No data to review at this time
6.	Integrity and Accuracy of Denials	There were no denials (NOA or NOABD) that were issues this month.
7.	Substance Abuse Block Grant (SABG) review of utilization	In Sarah's absence, Sindi discussed: • SABG used for 3 individuals for residential treatment • 6 individuals for residential treatment using Trueblood dollars • Funding is still available with SABG for individuals needing residential treatment.
8.	Compliance monitoring: ▪ Critical Incident	Sindi discussed: • No compliance issues have been reported to the ASO

	▪ Grievance ▪ DCR monitoring	• No critical incidents have been reported to the ASO • She has not received any new applications for DCR's for designation. • Sindi is a bit concerned about staffing with the Columbia Valley Center for Recovery opening regarding their new staff and what it may look like.
9.	Customer Service Line Utilization	Fawn discussed: • 5 total calls for the month of March • 1 crisis call. A parent looking for immediate assistance for a child; asked if they called crisis/988 and they chose to do that. • 1 call for CBRA provider; referred to the proper provider • 3 calls asking for appointments or assessments; referred to insurance and GCBH website • All calls were answered within 30 seconds. • No concerns
10.	Utilization of YARP/CLIP	Zach discussed: • Year to date there have been 31 referrals; 5 have gone to MDT's • Have had 13 Care Coordination meetings • Have had first referrals from Whitman and Asotin County • Find a provider tab on the YARP website. Some providers have been removed as they are not taking new clients and have not taken any new clients for a while. • Added a WISE tracker as well. • May is Mental Health Awareness month – lots of events in the community • Calendar of events online.
11.	Recovery Navigator Program	Cameron discussed: • Quarterly reports are done; no corrections or modifications have been asked. • GCBH Plan to reflect the changes in the uniform standards; no corrections suggested. • Working on Team Monitoring. A portion specifically about the program managers, their training around working with peers. Due May 14/15 deadline. • Waiting to hear how much of the 10% cut is from the HCA.
12.	Medical Director oversight ▪ Recommendations ▪ Concerns	Dr. Sylvie Stacy discussed: • Questioned the YARP Provider list. Are providers that are not taking on new clients wanting to stay on the list if they feel they may soon be accepting new clients? Zach explained that it isn't that common. There are a wide variety of providers that are cash only, most of the clients are Medicaid individuals. Meredith explained that if there is a provider that had a sliding fee scale that was reasonable for the families, they would leave them on. Some private pay providers just don't respond, and they don't have openings…those are who they would be removing from the list. Zach said they are still considering putting those providers at the bottom of the list, so they are still on the list and easily moved if they have openings or something changes. Gordon asked Dr. Stacy if she had any concerns with the Authorization and Notification timelines. Dr. Stacy indicated she did not have any concerns.
13.	Review of any Corrective Actions ▪ Utilization Management ▪ Document Integrity	Sindi discussed: • Sindi will follow up with Comprehensive on DCR's and their response time. • No additional corrective actions to look at this time.

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14.	UM Integrity • Staff trainings	Sindi discussed: • All clinical employees that are required to, took the UM integrity power point presentation audit; attestations have been turned in. Everyone got 100% on it. • Interrater reliability was sent top those that were required to take that. Dr. Stacy has already completed hers. • Locus needs done as well • UM team will be audited every month. Cody will be doing the audits. Corrective actions area
15.	Additional walk on items	Kris reported that he and the clinical team have been out in the community conducting provider on site and clinical audits. These have been going very well and they expect to have all audits complete in the next couple weeks.
16.		

	Action Items/Decisions				
#	**Action Item**	**Assigned To:**	**Date Assigned:**	**Date Due:**	**Status**
1					
2					
3					
4					