



PENINSULA RSN

INTRODUCTION POLICIES AND PROCEDURES

Policy Name: INTRODUCTION AND MISSION

Policy Number: 1.01

Reference: WAC 388-865-0105, -0200 through -0250, 0300 through -0355, 71.24 RCW, 42 CFR, and DSHS Contract

Effective Date: 7/2005

Revision Date(s): 12/2008

Approved by: PRSN Executive Board

INTRODUCTION

The Peninsula Regional Support Network (PRSN) is the prepaid health plan (PHP) that is the single point of responsibility for the delivery of Medicaid mental health services in Clallam, Jefferson, and Kitsap Counties. It was established in 1989 and is administered by Inter-local agreement as a division of the Kitsap County Personnel and Humans Services Department. The governance system consists of an Executive Board, who is responsible for making all contracting and funding decisions. It is made up of nine County Commissioners, three from each county. In addition, the region has organized an Advisory Board who advises the Executive Board and the PRSN administration regarding policy and procedures. The Advisory Board comprises 15 members (five from each county), with a majority (51%) being advocates or consumers. The PRSN also utilizes an Ombuds program, which is staffed and region-wide, and contracted for through the Dispute Resolution Center of Kitsap County. The PRSN subcontracts with the following Community Mental Health Providers to deliver mental health services:

East Clallam County: Peninsula Community Mental Health Center
118 East 8th Street, Port Angeles, WA 98362
(360) 457-0431

West Clallam County: West End Outreach Services - Forks Community Hospital
530 Bogachiel Way, Forks, WA 98331
(360) 374-6177

Jefferson County: Jefferson Mental Health Services
884 W. Park (PO Box 565), Port Townsend, WA 98368
(360) 385-0321

Kitsap County: Kitsap Mental Health Services
5455 Almira Drive NE, Bremerton, WA 98311
(360) 405-4010

Kitsap County: Evaluation and Treatment Facilities:

 Youth Inpatient Unit---Kitsap Mental Health Services
5455 Almira Drive NE, Bremerton, WA 98311
(360) 377-8583

 Adult Inpatient Unit --Kitsap Mental Health Services
5455 Almira Drive NE, Bremerton, WA 98311
(360) 377-8581

PRSN MISSION

The Peninsula Regional Support Network (PRSN) is dedicated to ensuring and continually improving the delivery of quality mental health care so that the individuals we serve may better manage their illness, achieve their personal goals, and live, work and participate in their community.

The PRSN stand by the following values:

1. We value individual and family strengths while striving to include their participation and voice in every aspect of care and development of policy and procedures.
2. We value and respect cultural and other diverse qualities of each individual.
3. We value services and education that promote recovery, resiliency, reintegration, and rehabilitation.
4. We work in partnership with allied community providers to provide continuity and quality care.
5. We treat all people with respect, compassion, and fairness.
6. We value the continuous improvement of services.
7. We value flexibility and creativity in meeting the needs of each individual.

The PRSN Guiding Principles include:

1. Consumer needs are #1.
2. Help the most people possible.
3. Keep administrative costs low to maximize direct service dollars.
4. No micro-management approach to network.
5. Effective service provision is a partnership (between the provider and client).
6. Promote a collaborative relationship with providers.

MISSION OF THIS MANUAL

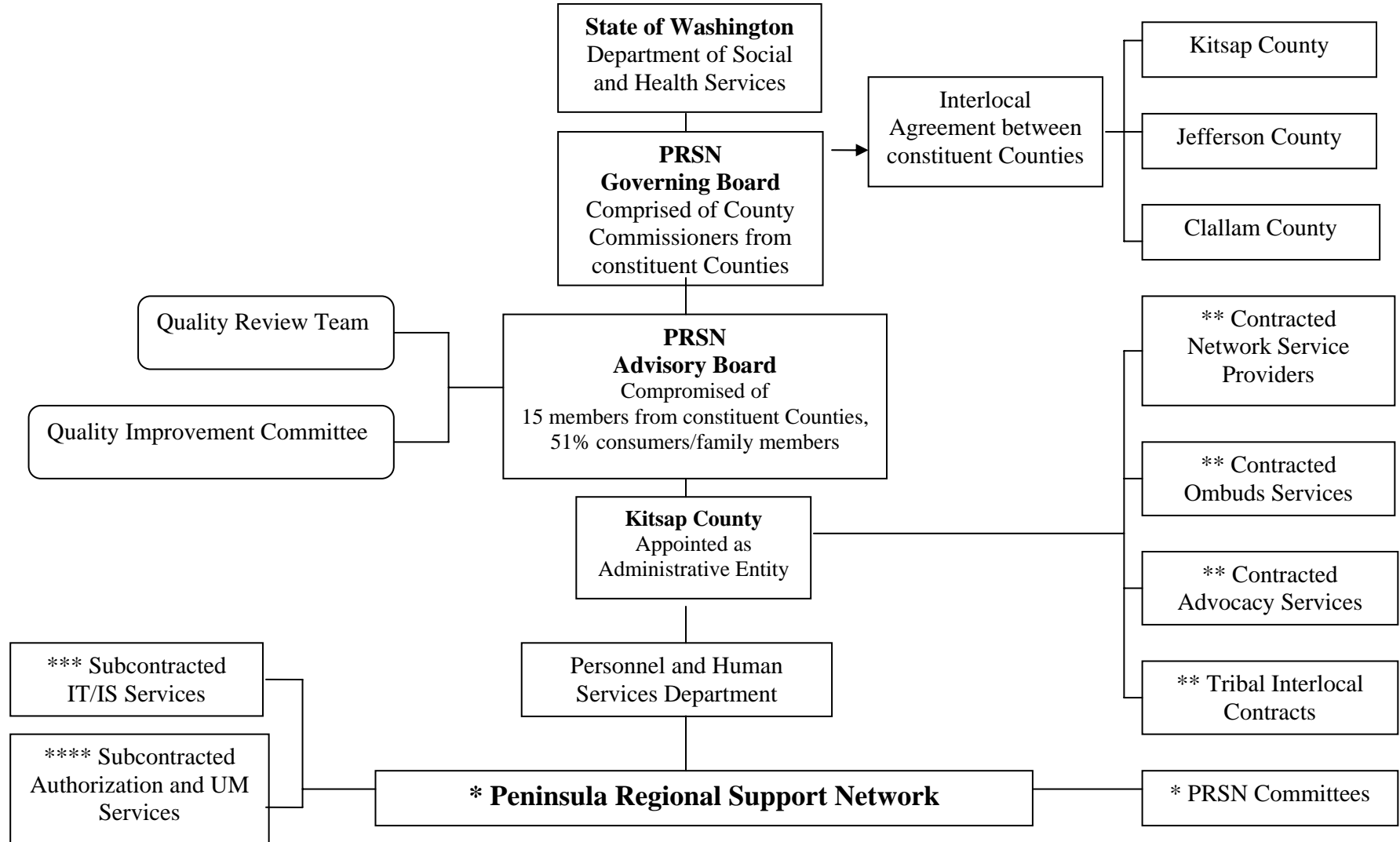
The mission of this manual is provide uniform definitions, information, and procedures for the region in regard to access, treatment level guidelines, outcomes, service provisions, reporting requirements, data collection, marketing, quality management and other required PRSN policies and procedures. This is to ensure consistency among the provider network and subcontractors within the PRSN.

The PRSN does not discriminate and protects against provider discrimination for serving high risk populations, costly treatment, or specializes in conditions that require costly treatment.



**PENINSULA REGIONAL SUPPORT NETWORK
Organizational Overview Chart
FY 2010**

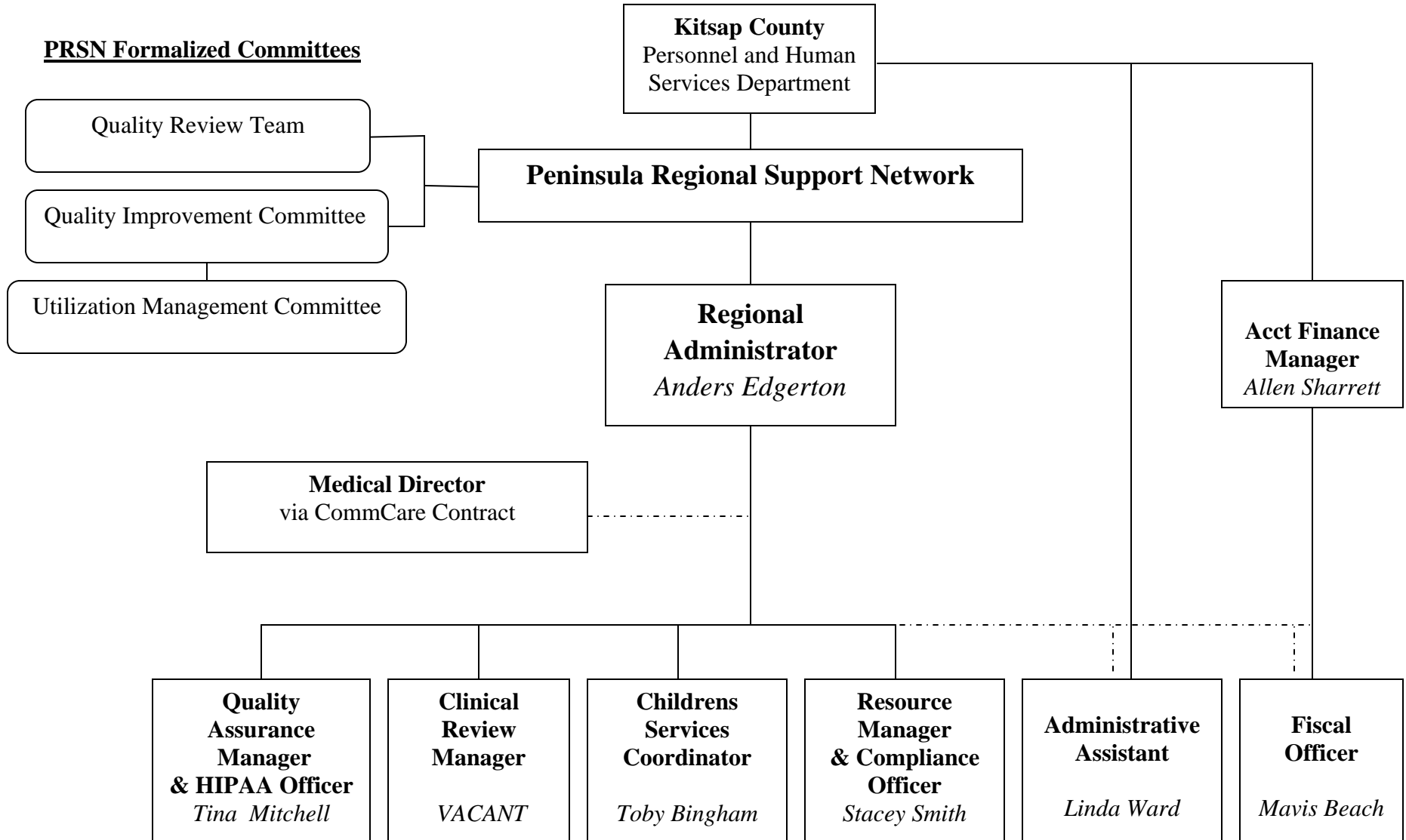
**PENINSULA REGIONAL SUPPORT NETWORK
Organizational Overview Chart
FY 2009**



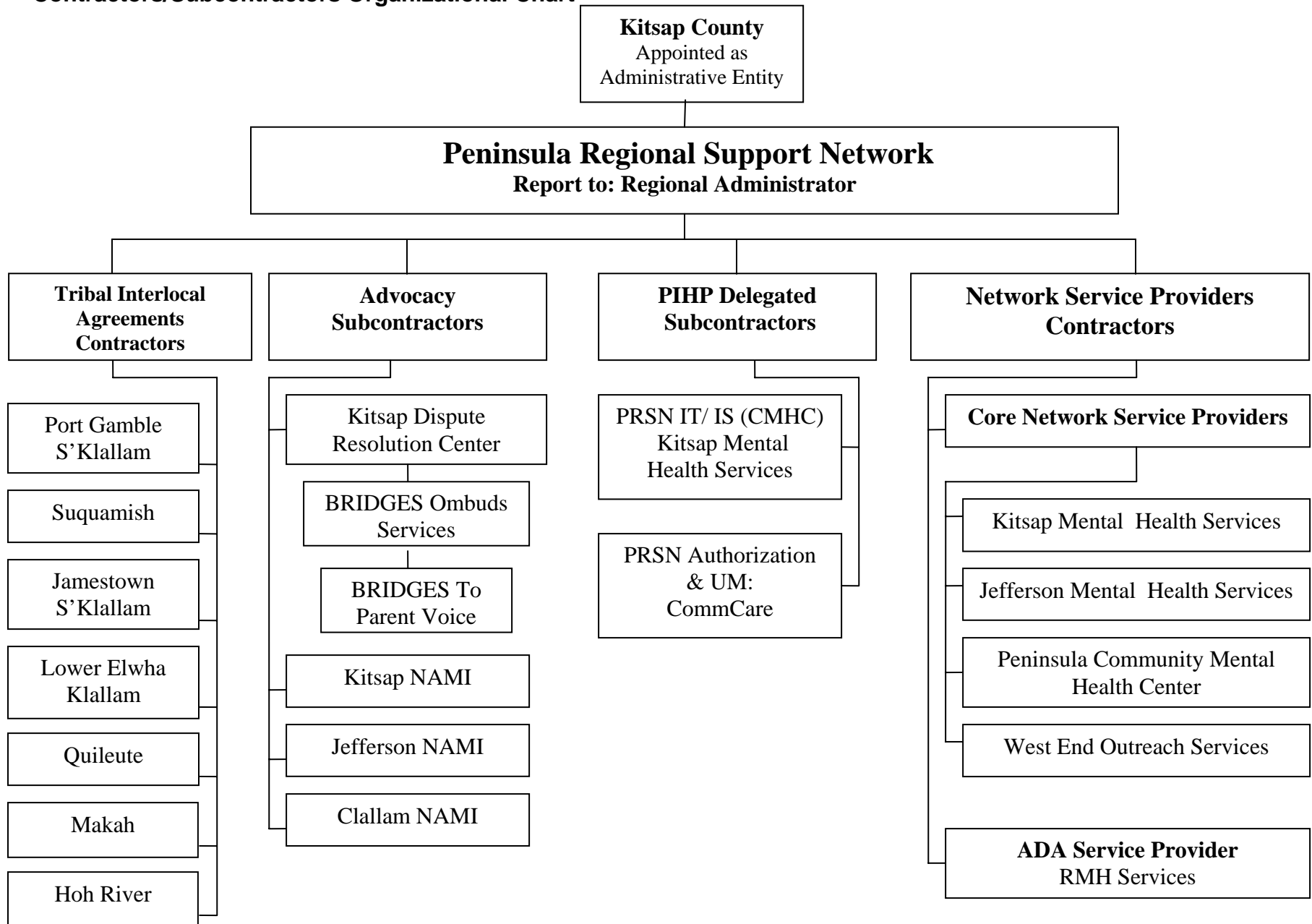
* See PRSN Staffing Organizational Chart
 ** See PRSN Contractor/ Subcontractor Organizational Chart
 *** See KMHS IT/IS Organizational Chart
 **** See CommCare Organizational Chart

PENINSULA REGIONAL SUPPORT NETWORK
*** Staffing Organizational Chart**

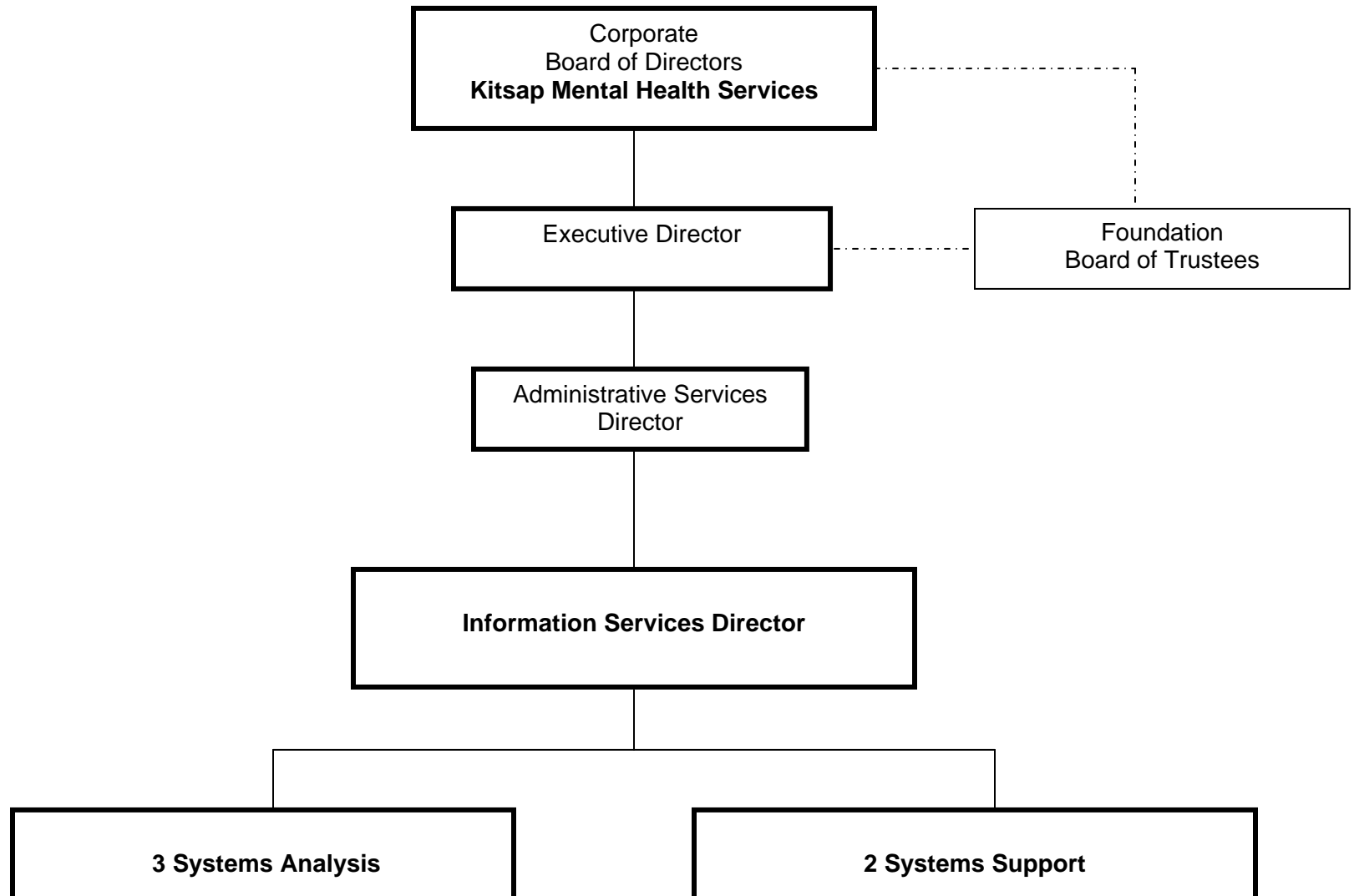
PRSN Formalized Committees



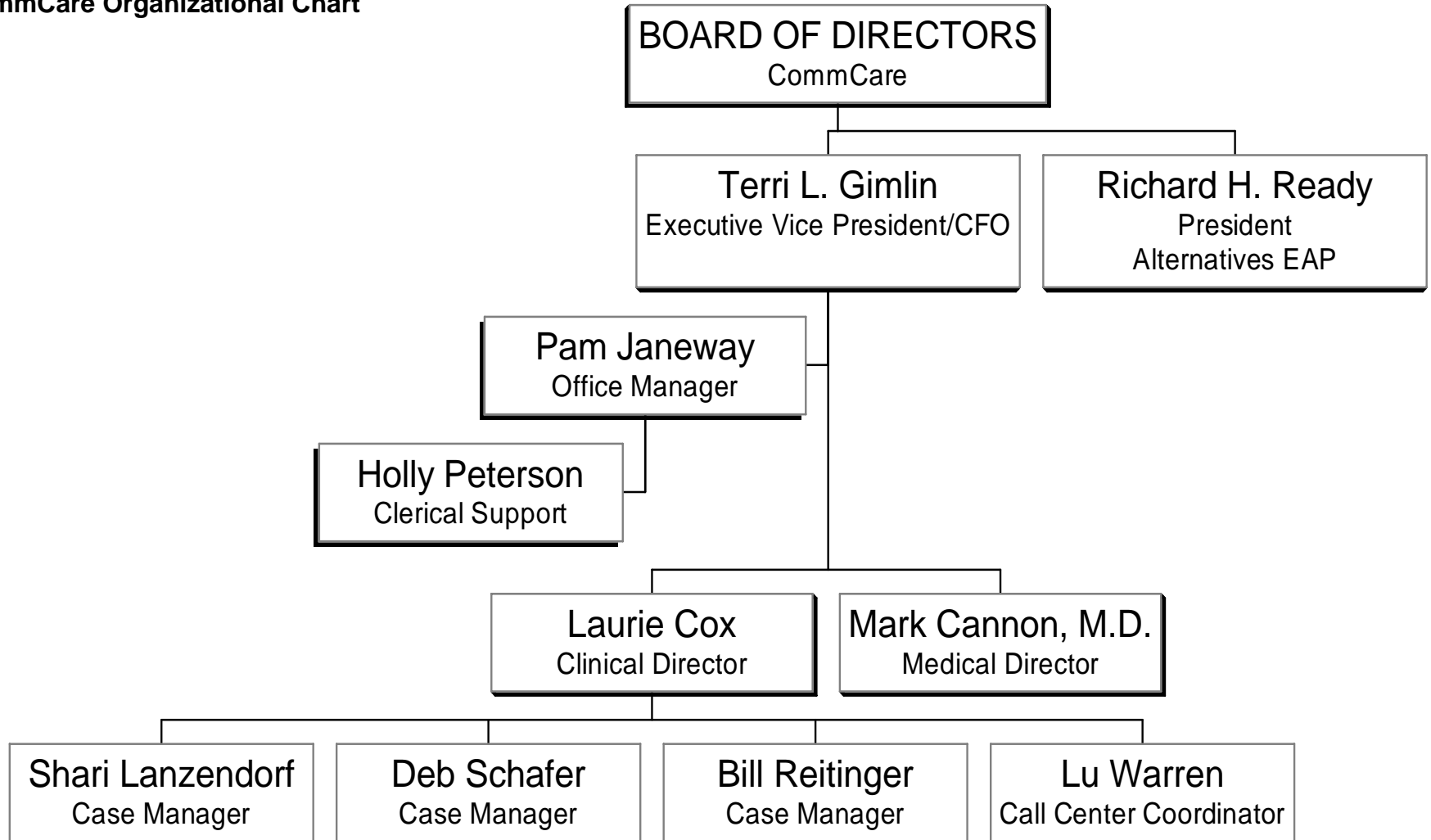
PENINSULA REGIONAL SUPPORT NETWORK
**** Contractors/Subcontractors Organizational Chart**



PENINSULA REGIONAL SUPPORT NETWORK
Contracted Information Technology and Information Services
***** Kitsap Mental Health Services Organizational Chart**



PENINSULA REGIONAL SUPPORT NETWORK
Contracted Authorization and Utilization Management
****** CommCare Organizational Chart**



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PENINSULA RSN

INTRODUCTION POLICIES AND PROCEDURES

Policy Name: DEFINITIONS AND COMMON LANGUAGE

Policy Number: 1.03

Reference: 42 CFR, 71.24 RCW, 388-865 WAC and DSHS Contract

Effective Date: 7/2005

Revision Date(s): 9/2005

Approved by: PRSN Executive Board

DEFINITIONS AND COMMON LANGUAGE

The Peninsula Regional Support Network (PRSN) has identified these common definitions, in addition to the definitions in the state contract and provider contracts, to be utilized across the region.

Action: Means 1) the denial or limited authorization of a requested service, including the type or level of service; 2) the reduction, suspension, or termination of a previously authorized service; 3) the denial, in whole or in part, of payment for a services; 4) the failure to provide services in a timely manner; 5) the failure to dispose of and resolve grievances within thirty (30) days form receipt of the grievance at the community mental health agency (CMHA)), thirty (30) days from receipt at the pre-paid inpatient health plan (PIHP) ; and thirty (30) days at the Department if the grievance can be brought to the Department according to policy; unless extended by mutual agreement with the Medicaid enrollee; or 6) the failure of a PHIP to dispose of and resolve a PIHP appeal within 45 days from the receipt of the appeal, unless extended by the PIHP or the Medicaid enrollee.

Administrative Hearing: Means a hearing conducted through the auspices of the state Office of Administrative hearings in accordance with the Washington Administrative Code (WAC) 388-02. The term "fair hearing" is synonymous with administrative hearing.

Agreement: Means an accord or contract and any Exhibits and other documents attached or incorporated by reference, between two parties.

Appeal: Means a request for review of a Notice of Action.

CFR: Means Code of Federal Regulations. All references in Agreements to CFR chapters or sections shall include any successor, amended, or replacement regulation. The CFR may be accessed at <http://www.gpoaccess.gov/cfr/index.html>.

Child: For every purpose other than early periodic screening, diagnosis, and testing (EPSDT) and Medicaid, a child is considered by the RSN to be 0-17 years of age. EPSDT and Medicaid reporting is 0-20 years of age.

Complaint: Means a verbal or written statement of dissatisfaction with any aspect of mental health services.

Consultation: Consultation requires an enhance form of communication that emphasizes trust and respect. It requires a shared responsibility that allows an open and free exchange of information and opinion among parties that leads to mutual understanding and comprehension.

Contracted Services: DSHS contracts with a large number of contractors to provide client services, personal services and purchased services. These contractors include individual providers, public agencies, and private (profit or non-profit) organizations. Among them are counties that receive contracts or grants to provide DSHS customers with alcohol and substance abuse treatment services, and counties that provide mental health services through Regional Support Networks. Other contracted agencies also provide licensing services, group care services, and other social and health services.

Culturally Relevant: This describes a condition where services provided to clients are appropriate according to the clients' cultural backgrounds.

Debarment: Means an action taken by a Federal official to exclude a person or business entity from participating in transactions involving certain federal funds.

Denial: The decision not to offer an intake is a denial. The decision by a PIHP, or their formal designee, not to authorize covered Medicaid mental health services that meet medical necessity is a denial.

Direct Service: Services and related activities provided to or on behalf of service recipients that address mental health or psychiatric needs, and where appropriate, activities that assist the service recipient with social supports, friends and recreation, daily living, personal safety, cultural needs, housing, finances, education, employment, legal assistance or referral, physical health or alcohol and/or other drug problems. Examples include but are not limited to: individual and group counseling; medication monitoring; case management; individualized and tailored care (ITC) planning; interagency staffings; GAU/SSI evaluations; job development; housing assistance; community support services, etc. These services are delivered face-to-face or by phone to a consumer or to a collateral or third party on behalf of a consumer.

Dispute Resolution: When issues cannot be resolved through consultation process alone, a dispute resolution process may be useful to resolve technical issues, policy choices, or to ensure that the parties' values have been given fair hearing and due consideration.

Diversion for any voluntary hospitalization request: Means due to the clinical information provided, psychiatric hospitalization of the person was contemplated by a designated mental health professional (DMHP) but averted via an alternative disposition.

Diversion for Title XIX voluntary hospitalization requests for certification: Means a diversion or diversion alternative(s) is (are) considered a subset of the total number of diversions.

DSHS or the Department: Means the department of Social and Health Services of the State of Washington and its Secretary, officers, employees, and authorized agents.

Episode of Care:

- An outpatient episode of care represents the length of time from when an enrolled client's treatment episode is authorized and activated until the client is inactivated.
- Inpatient episodes of care begin at the point of admission to the free-standing evaluation and treatment (E&T), community hospital, or state hospital facility and end at the point of discharge.
- A client who is active in outpatient services and is then admitted to an E&T facility will have two episodes of care (inpatient and outpatient) running concurrently while at the E&T.
- A client who is active in outpatient services in more than one agency will have concurrent episodes of outpatient care.

Exhibit N: DSHS reporting forms for provider and PRSN Grievances, Fair Hearings, and Appeals for Medicaid and non-Medicaid individuals, quarterly deliverable.

Federally Recognized Tribes: These are self-governing American Indian and Alaskan Native governments that are recognized under applicable federal and common law. Because of their unique sovereign status, Federally Recognized Tribes have the inherent power to make and enforce laws on their lands, and to create governmental entities.

General Terms and Conditions: Means the contractual provisions contained within an Agreement which governs the contractual relationship between the contracting agency and the contractor, under that agreement.

Government-to-Government: This describes the relationships and protocols among and between Federally Recognized Tribes, and the federal, state, and other governments.

Grievance: Means an expression of dissatisfaction about any matter other than an Action, as “action” is defined above. Actions apply only to Medicaid service recipients. The term is also used to refer to the overall system that includes grievances handled at the RSN and access to the State administrative hearing process.

Indian Policy Advisory Committee (IPAC): This DSHS advisory committee is comprised of representatives from Federally Recognized Tribes of Washington State and the Recognized American Indian Organizations. It guides the implementation of the Centennial accord and the DSHS American Indian Policy. The Office of Indian Policy along with the Department tribal liaisons, provide technical support to Indian Policy Advisory Council (IPAC) in its ongoing communications through meeting, planning, and consultation activities. According to article XI of the IPAC bylaws, IPAC does not have the authority or power to infringe or jeopardize the sovereignty of any Federally Recognized Tribe or non-member Tribe.

Key Identified Positions: These are DSHS managers and employees in regional or headquarters offices whose emphasis of responsibility is working in conjunction or association with the American Indian and Alaska Native Tribes. Employees in these key identified positions are required to attend the Administrative Policy 7.01 Training.

Low Income: Those individuals whose gross household monthly income does not exceed 80% of the median family income for the state of Washington, with adjustment for family size. Fees are based on a sliding fee scale whose beginning range corresponds to the state GAU standard (DSHS standard) and top range corresponds to 80% of median income (DASA standard).

MHD: Means the DSHS Health and Recovery Services Administration, Division of Behaviorally Health and Recovery.

Office of Indian Policy: This office reports to the Secretary of DSHS and is responsible for coordinating efforts with Federally Recognized Tribes of Washington State and the Recognized American Indian Organizations in order to address the collective service needs of individual American Indians and Alaska Natives in Washington State.

Personal Information: Means information identifiable to any person, including, but not limited to, information that relates to a person’s name, health, finances, education, business, use or receipt of governmental services or other activities, addresses, telephone numbers, social security numbers, drivers license numbers, other identifying numbers, and any financial identifiers.

Prepaid Inpatient Health Plan or PIHP: Means an entity that provides or arranges for a) mental health services to enrollees under contract with the state on the basis of prepaid capitation payments, or other payment arrangements that don’t use state plan payment rates; b) provides for, or otherwise has responsibility for the provision of any inpatient hospital or institutional services for its enrollees; c) does not have a comprehensive risk contract.

RCW: Means the Revised Code of Washington. All references to RCW chapters or sections shall include any successor, amended, or replacement statute. The RCW can be accessed at <http://slc.leg.wa.gov>.

Reduction: The decision by a pre-paid inpatient plan (PIHP) to decrease an enrollee's previously authorized covered Medicaid mental health services describe in their Level of Care Guidelines. The decision by a Community Mental Health Agency (CMHA) to decrease or change a covered service in the individualized service plan (ISP) is not a reduction.

Regional Support Network or RSN: Means a county authority or group of county authorities, recognized and certified by the Secretary of Department of Social and Health Services (DSHS), which enter into joint operating agreements to contract with the DSHS Secretary pursuant to Chapter 71.24 RCW or successor.

Recognized American Indian Organizations: These organizations, as recognized in accordance to IPA bylaws, include the American Indian Community Center (AICC), NATIVE Project, Seattle Indian Health Board (SIHB), Small Tribes of Western Washington (STOWW), United Indians of All Tribes Foundation (UIATF), and South Puget Intertribal Planning Agency (SPIPA), a tribal consortium. These organizations exercise their rights as American Indians and citizens of the United States and residents of the State of Washington.

Request for Services: A request by an individual residing within the provider's catchment area for any covered mental health service. The individual may be temporarily hospitalized at the time of the request outside of the providers catchment area. A request for service may be made by telephone or in person. In the case of an individual currently enrolled in the Medicaid program, any request for services will result in a comprehensive clinical face to face assessment.

RSN Clients:

- Any individual, who is a Medicaid recipient and who resides in the Peninsula RSN as indicated by the Community Service Office (CSO) or the recipient's eligibility record, requesting or receiving medically necessary non-emergency community mental health rehabilitation service; or,
- People who meet the non-Medicaid "state priority populations" as defined by RCW 71.05, 71.24, and 71.34 with special attention to children, older adults, and minorities shall be served based on available resources.
- A low income individual with chronic or severe mental illness who meets criteria for medically necessary outpatient community mental health rehabilitation services; or,
- Any person in the RSN requiring immediate mental health crisis intervention and/or stabilization.

Special Terms and Conditions: Means the contractual provisions contained within an agreement which includes a statement of work to be performed by the Contractor/ Subcontractor and payment to be made by the first party to the agreement, along with other special terms and conditions effecting the agreement.

Stabilization Services: Services are provided to the person who is experiencing a mental health emergency or crisis. Services are provided in the person's own home or another home-like setting. Services include short term (less than 2 weeks per episode) face-to-face assistance with self-care, meals, and medication monitoring. These services may be provided prior to an intake evaluation.

Suspension: The decision by a pre-paid inpatient health plan (PIHP), or their formal designee, to temporarily stop an enrollee's previously authorized covered Medicaid mental health services described in their Level of Care Guidelines. The decision by a Community Mental Health Agency (CMHA) to temporarily stop or change a covered service in the Individualized Service Plan (ISP) is not a reduction.

Termination: The decision by a pre-paid inpatient health plan (PHIP), or their formal designee, to stop an enrollee's previously authorized covered Medicaid mental health services described in their Level of Care Guidelines. The decision by a Community Mental Health Agency (CMHA) to stop or change a covered service in the Individualized Service Plan (ISP) is not a termination.

Third Party Payments: All fee for service payments collected for RSN enrolled service recipients from sources other than the RSN (Medicaid or state-only revenue) or the party financially responsible for the service recipient.

Tribal Sovereignty: Federally Recognized Tribes are recognized in federal law as possessing sovereignty over their members and their territory. Sovereignty means that tribes have the legislative, executive, and judicial power to make and enforce laws, and to establish courts and other forums for resolution of disputes.

Uninsured: Non-Medicaid, low-income individuals. To be reported on a monthly basis with a 90-day lag time (following eligibility reconciliation) by providers as per the contract.

USC: Means United State Code. All references to USC chapters or sections shall include any successor, amended, or replacement regulation. The USC may be accessed at <http://www.gpoaccess.gov/uscode/>.

WAC: Means the Washington Administrative Code. All references to WAC chapters or sections shall include any successor, amended, or replacement regulation. The WAC can be accessed at <http://slc.leg.wa.gov>.



PENINSULA RSN

INTRODUCTION POLICIES AND PROCEDURES

Effective Date: 7/2005

Number: 1.04

Revision Date(s): 9/2009

ACRONYMS

A	
AAA	Area Agency on Aging
ACD	Automated Call Distribution (a receptionist phone where calls can wait in a queue to be answered)
ACS	Access to Care Standards
ADA	American Disabilities Act
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactive Disorder
ADSA	Aging & Disabilities Services Administration
AIU	Adult Inpatient Unit (KMHS, Bremerton)
ALOS	Average Length of Stay
ARNP	Advanced Registered Nurse Practitioner
ARY	At Risk Youth
B	
BBA	Balanced Budget Act
C	
CA	Children's Administration (DSHS)
CAP	Corrective Action Plan
CFR	Code of Federal Regulation
CGAS	Child Global Assessment of Scale
CIT	Crises Intervention Team or Training
CLIP	Children's Long-term Inpatient Programs
CM	Case Manager

CMHA	Community Mental Health Agency
CMHS	Center for Mental Health Services
CMS	Center for Medicaid and Medicare Services (federal)
COB	Coordination of Benefits
COD	Co-occurring Disorders
COS	Consumer Outcomes Survey
CPC	Certified Peer Counselor
CPS	Child Protective Service
CRC	Crises Residential Center
CSO	Community Service Officer
CST	Competency to Stand Trial
CSTC	Child Study and Treatment Center
CWS	Child Welfare Services
D	
DASA	Division of Alcohol and Substance Abuse
DBHR	Division of Behavioral Health and Recovery
DCFS	Division of Child and Family Services
DDD	Division of Developmental Disabilities
DMHP	Designated Mental Health Professional
DMIO	Dangerously Mentally Ill Offender
DOC	Department of Corrections
DRC	Dispute Resolution Center of Kitsap
DSHS	Department of Social and Health Services
DSM-IV	Diagnostic and Statistical Manual
DVR	Division of Vocational Rehabilitation
Dx	Diagnosis

E	
E&T	Evaluation and Treatment Center
EBP	Evidence Based Practices
ECS	Expanding Community Services
EPSDT	Early Periodic Screening, Diagnosis & Treatment
EQRO	External Quality Review Organization
ESH	Eastern State Hospital
F	
FBG	Federal Block Grant
FRS	Family Reconciliation Services
G	
GAF	Global Assessment of Functioning
GLBT	Gay, Lesbian, Bisexual, Transgender
H	
HCA	Home and Community Services
HMC	Harrison Medical Center, Bremerton
HMO	Health Maintenance Organization
HIPAA	Health Insurance Portability and Accountability Act
HRSA	Health and Rehabilitation Services Administration
I	
IMD	Institute for Mental Diseases
IS	Information Services
ISP	Individual Service Plan
IT	Information Technology
ITA	Involuntary Treatment Act
ITC	Individualized and Tailored Care

J	
JMHS	Jefferson Mental Health Services, Port Townsend
JRA	Juvenile Rehabilitation Administration
JLARC	Joint Legislative Audit & Review Committee
K	
KMHS	Kitsap Mental Health Services, Bremerton
L	
LRA	Least Restrictive Alternative
M	
MAA	Medical Assistance Administration
MCO	Managed Care Organization
MDT	Multidisciplinary Team
MHBG	Mental Health Block Grant
MHCP	Mental Health Care Provider
MHP	Mental Health Professional
MHPAC	Mental Health Planning & Advisory Council
MHSIP	Mental Health Statistics Improvement Program
MHTF	Mental Health Task Force
MI	Mentally Ill
MICA	Mentally Ill/Chemically Abusing
MIS	Management Information System
MMIS	Medicaid Management Information System
MOU	Memorandum of Understanding
MPC	Medicaid Personal Care
N	
NAMI	National Alliance for the Mentally Ill
NIMH	National Institute of Mental Health
NOM	National Outcome Measure
O	

OBRA	Omnibus Budget Reconciliation Act
OCA	Office of Consumer Affairs
OCD	Obsessive Compulsive Disorder
OCR	Office of Civil Rights
ODD	Oppositional Defiant Disorder
OFM	Office of Financial Management
OMH	Olympic Memorial Hospital, Port Angeles
P	
P&P	Policy and Procedures
PCT	Program of Assertive Community Treatment
PAHP	Prepaid Ambulatory Healthcare Provider
PASSAR	Pre-Admission Screening & Resident Review
PATH	Programs to Aid in the Transition from Homelessness
PCCM	Primary Care Case Manager
PCMHC	Peninsula Community Mental Health Center, Port Angeles
PDD	Pervasive Developmental Disorder
PI	Performance Indicator
PIHP	Prepaid Inpatient Health Plan
PRSN	Peninsula Regional Support Network
PSS	Peer Support Specialist
PTSD	Post Traumatic Stress Disorder
Q	
QA	Quality Assurance
QCDC	Qualified Chemical Dependency Counselor
QI	Quality Improvement
QM	Quality Management
QRT	Quality Review Team
QUIC	Quality Improvement Committee
R	

RCW	Revised Codes of Washington
RFP	Request for Proposal
RFQ	Request for Qualifications
RMHS	RMH Services, Bremerton
RSN	Regional Support Network
RTF	Residential Treatment Facility
Rx	Prescription
S	
SAMHSA	Substance Abuse & Mental Health Services Administration
SBD	Serious Behavioral Disturbance
SCC	Special Commitment Center
SED	Serious Emotional Disorder
SMI	Serious Mental Illness
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
T	
T-Grant	Transformation Grant
TANF	Temporary Assistance for Needy Families
Tx	Treatment
TXIX or T19	Title 19
U	
UM	Utilization Management
UMC	Utilization Management Committee
URAC	Utilization Review Accreditation Commission
V	

W	
WAC	Washington Administrative Code
WEOS	West End Outreach Services, Forks
WIMIRT	Washington Institute for Mental Illness Research & Training
WMIP	Washington State Medicaid Integration Project
WPAS	Washington Protection and Advocacy Services
WSH	Western State Hospital
XYZ	
YUI	Youth Inpatient Unit (KMHS, Bremerton)



PENINSULA RSN

INTRODUCTION POLICIES AND PROCEDURES

Policy Name: GENERAL DUTIES AND RESPONSIBILITIES

Policy Number: 1.05

Reference: WAC 388-865-0105, -0200 through -0250, 0300 through -0355, 71.24 RCW, 42 CFR, and DSHS Contract

Effective Date: 9/2005

Revision Date(s): 4/2007

Approved by: PRSN Executive Board

CROSS REFERENCES

- Introduction, Mission
- Policy: Governance Structure and Community Accountability

PURPOSE

It is the policy of the Peninsula Regional Support Network (PRSN) to comply with the rules and regulations governing RSNs in CFR, RCW, and WAC and to comply with the general duties and responsibilities therein specified.

PROCEDURE

The PRSN and its providers:

1. Comply with duties as specified under chapter 71.05, 71.24, 71.34 RCW and the mental health Title XIX Section 1915 (b) Medicaid Waiver provisions. The applicable federal and state laws include, but are not limited to, the following:
 - Title IV of the Civil Rights Act of 1964
 - Age Discrimination Act of 1965
 - Rehabilitation Act of 1973
 - Title II and III of the Americans with Disabilities Act; and
 - Other laws regarding privacy and confidentiality

2. Identify in brochures, advertisements or other marketing tools that the single point of responsibility to administer and provide community mental health services to priority populations in the PRSN region is the PRSN with services delivered by providers in accordance with subcontract.
3. Manage resources, as described in WAC 388-865, through subcontracted agreements with providers. The PRSN will provide direct resource management and oversight management of the available resources within the PRSN.
4. Ensure the provision of crisis response services as described in WAC 388-865 through the development and implementation of services by providers to local consumers, including assurance of 24 hours a day, 7 days a week access to competent crisis evaluation and/or intervention services, and reasonable community access to the service.
5. Ensure the provision of a full array of intervention and community support services by subcontracting with identified providers, who will provide the services specified by contract, including recovery, reintegration, and recovery, as described in chapter WAC 388-865 (with the exception of services specifically waived by the Department) through the development and implementation of services.
 - The PRSN does not discriminate and protects against provider discrimination for serving high risk populations, costly treatment, or specializes in conditions that require costly treatment.
6. Meet the terms of the state department contract through implementation by inter-local or other necessary agreements, by specifying the terms of said agreements, and through audit or review to assure adequate performance.

MONITORING

1. Assure that contractors and subcontractors comply with all applicable federal and state requirements (in code and contract) with the department by monitoring performance through a variety of auditing processes, such as:
 - Annual PRSN Provider and Subcontractor Administrative Review
 - Monthly Provider Chart Reviews
 - Exhibit N Report and Grievance Tracking
 - Biennial Provider Quality Review Team On-site Review
 - Quarterly Provider Performance Reports
 - Semi-annual Provider Revenue and Expense Reports
 - Biennial Provider Ancillary Surveys
 - Quality Management Plan activities (such as review targeted issues for trends and recommendations)

- Review of previous provider corrective action plans related to policy, including provider profiles related to performance on targeted indicators
2. Contract for clinical services only with licensed service providers or providers licensed under chapters 18.57, 18.71, 18.83 or 18.88 RCW and require copies of current licenses to be on file in the Administrative Offices of the PRSN and further, notify providers in writing that failure to hold a current license will result in contract termination and, further, agree to so terminate in the event the department notifies the PRSN of a provider's failure to attain or maintain licensure.
- The PRSN will not operate as a service provider.



PENINSULA RSN

INTRODUCTION POLICIES AND PROCEDURES

Policy Name: GOVERNANCE STRUCTURE AND
COMMUNITY ACCOUNTABILITY

Policy Number: 1.06

Reference: WAC 388-865-0221, -0222

Effective Date: 2/2005

Revision Date(s): 12/2007

Approved by: PRSN Executive Board

PURPOSE

It is the policy of the Peninsula Regional Support Network (PRSN) to ensure services are responsive in an age and culturally appropriate manner to the mental health needs of its community, within available resources.

PROCEDURE

The PRSN will:

1. Establish a governance structure through Inter-local Agreement consistent with chapter 71.24 RCW, herein identified as the Peninsula Regional Support Network (PRSN) Executive Board. The board will consist of at the least three members of each County Board of Commissioners for the counties comprising the PRSN. The board will meet as is necessary for the conduct of business in accordance with the Interlocal Agreement establishing the PRSN.
2. Appoint a fifteen member PRSN Advisory Board which will:
 - a. Broadly represent the demographic character of the region and the mentally ill persons served by the PRSN:
 - Appointment of five persons per county served on the Board
 - Members will be recruited through local newspaper ads, notification to local advocacy groups, and notification to local minority groups including sovereign Tribes. Members shall be appointed by the County Board of Commissioners of each county. Applications will be reviewed at the PRSN level and all applications submitted to the local Board of Commissioners with a staff recommendation for appointment.

- Appointment of persons to the advisory board so that no less than 51% of the board at any time will be either consumers or past consumers of public mental health services; or family or foster family members of consumers, including parents of emotionally disturbed children.
 - b. Be recruited at the discretion of the County requiring representation and in accordance with and supportive of the goals and requirements of the Advisory Board and PRSN.
 - c. Review and comment on plans, budgets, and policies developed by the PRSN to implement the requirements of chapter 71.24 RCW and WAC 388-865. The PRSN Advisory Board shall forward its comments to the PRSN Executive Board and other applicable entities responsible for public mental health.
3. Appoint a five to ten member PRSN Quality Review Team (QRT), which will:
- a. Be appointed by the PRSN Advisory Board for two-year terms.
 - Members may be members of the Advisory Board or other interested community members.
 - The QRT shall select a chair to manage committee meetings.
 - PRSN shall provide staffing to the QRT.
 - b. Report on-site and activity findings to the PRSN Advisory Board.
 - QRT on-site final reports shall be presented to the Advisory Board prior to publishing/ distributing.
 - Up to two members of the QRT shall be appointed to the Quality Improvement Committee.