



PENINSULA RSN

PROVIDER MONITORING POLICIES AND PROCEDURES

Policy Name: PERIODIC REVIEWS OF THE E&T FACILITIES

Policy Number: 9.05

Reference: 42 CFR 438.201, 206, 207;
WAC 388-865-0284, -0229; DSHS contract

Effective Date: 8/2007

Revision Date(s): 9/2009

Approved by: PRSN Executive Board

CROSS REFERENCES

- Plan: Quality Management Plan
- Policy: Corrective Action Plans
- Policy: Monitoring of Contractors

PURPOSE

The Peninsula Regional Support Network (PRSN) shall ensure periodic reviews of the evaluation and treatment service facilities consistent with contract requirements and state and federal regulations.

DEFINITIONS

An Evaluation and Treatment (E&T) facility is certified by the Department and provides (involuntary and voluntary) inpatient evaluation and treatment services for more than twenty-four (24) hours within a general facility.

PROCEDURE

1. The PRSN shall conduct periodic reviews of the evaluation and treatment facilities that are currently certified and licensed by the Department.
 - Ensure all services provided must be covered under a current Department issued certification.

- Ensure all services provided must be covered under a current Department Of Health issued license.
2. The PRSN shall review the facilities policies and procedures.
 - Ensure all current facility policies and procedures are written in accordance and are consistent with the PRSN policies and procedures.
 - Ensure all current facility policies and procedures are implemented accordingly. The E&T may be asked to demonstrate/ provide evidence of how a policy is implemented.
 - Efforts will be made to accompany the Department during the annual certification review.
 3. Through the period review process if the PRSN believed that a facility was not in compliance with an applicable statute, rule and regulation, the PRSN will notify the proper authorities (certification/ licensing entity).

MONITORING

1. This policy is a mandate by Washington Administrative Code (WAC) statute. This policy is monitored through periodic reviews of the evaluation and treatment facilities, in addition to:
 - Annual PRSN Provider and Subcontractor Administrative Review
 - Monthly Provider Crisis Chart Review
 - Biennial Quality Review Team On-site Review
 - Quarterly Provider Performance Reports
 - Exhibit N Grievance Reports and System Tracking
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for PRSN approval. Reference PRSN Corrective Action Plan Policy.