



PENINSULA RSN

PROVIDER MONITORING POLICIES AND PROCEDURES

Policy Name: MONITORING CONTRACTOR AND
SUBCONTRACTOR SUFFICIENCY

Policy Number: 9.01

Reference: 42 CFR 438.207; DSHS Contract

Effective Date: 8/2004

Revision Date(s): 12/2011

Approved by: PRSN Executive Board

CROSS REFERENCES

- Plan: Quality Management Plan
- Policy: Corrective Action Plans
- Policy: Monitoring of Contractors
- Policy: Provider and Subcontractor Administrative Review
- Policy: Subcontractual Delegation and Assessment Plan

PURPOSE

The Peninsula Regional Support Network (PRSN) will monitor provider network and subcontractor sufficiency and provide reports to the state.

PROCEDURE

1. PRSN providers will complete a report detailing current staffing.
 - a. Report will be updated annually.
 - b. Report will detail number of network staff and areas of specialty employed by each network provider. Specialties include:
 - Credentials, such as psychiatrists, MHPs, MSWs, ect
 - Age, such as child and geriatric
 - Minority
 - Disability and hearing impaired
 - Evidence Based Practice training, and
 - Bilingual skills

2. PRSN subdelegated contractors will provide evidence of how previous fiscal year activities outlined in the contracts were met during the annual Administrative Reviews.
3. PRSN staff will monitor contractor reports and delegation agreements through the following activities:
 - a. Conduct a GEOACCESS mapping, with significant alternations to population and/or public transportation routes, to ensure adequate capacity for the expected enrollment in our service area in accordance with state standards for access to care travel times, as required.
 - b. PRSN will monitor the report for losses or additions of individuals with particular specialties.
 - c. The PRSN will work with network providers to ensure continued access to specialists.
 - d. If a network provider loses internal access to a particular specialist, the PRSN will work with the provider to:
 - Encourage the hiring of replacement staff or train existing staff to meet qualifications
 - Maintain access via referrals for outside-agency contracts or arrangements with other network providers
 - e. The PRSN will conduct annual formal reviews of contractors and subcontractors with Subdelegation Agreements, using the PRSN Subcontractual Delegation and Assessment Plan.

MONITORING

1. Policy Monitoring. The PRSN will conduct resource management of network sufficiently through:
 - a. Exhibit N Reports and system tracking of complaints and grievances to assess if there is a pattern that suggests inadequacy in network sufficiency or gaps in service capability. The reports will be reviewed by PRSN staff and the Quality Improvement Committee.
 - b. Annual PRSN Provider and Subcontractor Administrative Review
 - c. Monthly Provider Chart Reviews
 - d. Reference existing GEOACCESS maps to analyze gaps in meeting state standards.
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for PRSN approval.



PENINSULA RSN

PROVIDER MONITORING POLICIES AND PROCEDURES

Policy Name: MONITORING OF CONTRACTORS

Policy Number: 9.02

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

Effective Date: 8/2004

Revision Date(s): 12/2011

Approved by: PRSN Executive Board

CROSS REFERENCES

- Plan: Quality Management Plan
- Policy: Corrective Action Plans
- Policy: Provider and Subcontractor Administrative Review

PURPOSE

The Peninsula Regional Support Network (PRSN) shall monitor contracted providers for compliance with contract requirements and state and federal regulations.

PROCEDURE

1. The PRSN monitors contractor compliance and performance by a variety of means
 - Contractor licensing and certification is monitored during the annual PRSN administrative reviews.
 - Statistical monitoring is performed quarterly in the PRSN performance reports.
 - Contractor performance is compared to statewide standards on specific performance measures.
 - Timely access to services is monitored through MIS data reports.
 - A random sample of clinical files is reviewed monthly, at a minimum totaling 500 charts in a year.

- A standardized clinical chart review is utilized, as well as targeted/ focused chart reviews such as Practice Guidelines and zero PRATs.
 - Files are reviewed for data accuracy against the PRSN database.
 - Exhibit N Complaint form is compiled quarterly and monitored for patterns of complaints that bears investigation by PRSN staff and the Quality Improvement Committee.
 - PRSN monitors and oversees the agency semi-annual revenue and expense reports submitted to the PRSN.
 - PRSN conducts annual delegation agreements/plan reviews.
2. The PRSN conducts annual PRSN provider and subcontractor administrative reviews, targeting areas of trend and corrective action from previous reviews.
- The PRSN will:
- Deliver to the provider copies of the format of the review at the time of review, or earlier.
 - Report the results of the review in writing to the provider, including areas needing improvement or other acts of non-compliance, within 30 calendar days of the completion of the review.
 - Identify required redress or repair and the time limits, and the form or format or other evidence that the provider is required to submit in order to be considered compliant.
 - Report to the provider the possibility of punitive response as may result from failure to comply.
3. Contractor performance on statewide data collection programs is monitored.
- MHSIP results are monitored for each agency, annually.
 - The PRSN requests the Washington Institute for Mental Illness Research and Training to over-sample our contracted providers, per survey event.

MONITORING

1. This policy is a mandate by contract and statute. This policy is monitored through use of PRSN:
- Annual PRSN Provider and Subcontractor Administrative/ Subdelegated Review
 - Monthly Provider Chart Reviews
 - Exhibit N Provider Complaint and PRSN Grievance Tracking
 - Biennial Provider Quality Review Team review
 - Quarterly Provider Performance Reports

- Quality Management Plan activities, such as review targeted issues for trends and recommendations.
 - Review of previous provider corrective action plans related to the Age and Cultural Competence policy, including provider profiles related to performance on targeted indicators.
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.

PRSN MONITORING TABLE FY Activities

Monitoring Activity	PRSN Contractor	Due Date	Date Activity Completed
Exhibit N analysis and network complaints submitted to Department	PRSN	May 15	
PRSN Gaps Analysis	PRSN		9/01/05
Provider R & E Reports		September	
Clinical chart reviews:	Network	Quarterly	
PRSN Subcontractor Admin. Review	Ombuds	Winter	
Provider Performance Reports – (previous FY Totals)		October	
1 st QRT On-Site Provider Review		Fall	
Exhibit N analysis and network complaints submitted to Department	PRSN	November 15	
Provider Performance Reports- 1 st Qtr of current FY		December	
PRSN Provider Admin. Review	KMHS	January	
Provider R&E Reports		February	
PRSN Provider Admin. Review	JMHS	February	
Provider Performance Reports- 2 nd Qtr of current FY		March	
2 nd QRT On-Site Provider Review		Spring	
PRSN Provider Admin. Review	PCMHC	April	
PRSN Provider Admin. Review	WEOS	June	
Provider Performance Reports-3 rd Qtr of current FY		June	
Provider Performance Reports- 4 th Qtr of current FY and Yearly Totals		September	
QUIC Review Provider QM Plans and QA Reports		Annual	

Monitoring Activity	PRSN Contractor	Due Date	Date Activity Completed
PRSN Fiscal Review of each Provider Agency		Annual	
PRSN Subdelegated Admin. Review: ASO	ASO	Biennial	
PRSN Subdelegated Admin. Review: KMHS IS	IS	Biennial	
PRSN Review of E&Ts	AIU & YIU	Annual	
PRSN Review of Residential Programs	KMHS & PCMHC	Annual	
Provider Performance Reports- 4 th Qtr of current FY and Yearly Totals		September	



PENINSULA RSN

PROVIDER MONITORING POLICIES AND PROCEDURES

Policy Name: PRSN PROVIDER AND SUBCONTRACTOR
ADMINISTRATIVE REVIEW

Policy Number: 9.03

Reference: 42 CFR 438.230;
WAC 388-865-0200, -0220, -0225

Effective Date: 8/2004

Revision Date(s): 7/2008

Approved by: PRSN Executive Board

CROSS REFERENCES

- Plan: Quality Management Plan
- Policy: Monitoring of Contractors
- Policy: Standard Chart Reviews

PURPOSE

It is the policy of the Peninsula Regional Support Network (PRSN) to establish a standardized process for network provider and subcontractor administrative reviews. This administrative review is in addition to the existing monthly PRSN chart reviews, QRT on-site, and other monitoring activities.

PROCEDURE

1. The PRSN Administrative Reviews will:
 - a. Monitor the PIHP and state contracted delegated administrative activities, as well as agency administrative activities.
 - b. Conduct annual administrative reviews of network providers
 - c. Use measurement standards consistent with industry standards (i.e. Corrective Action benchmarks).

2. For identified area of deficiencies or areas of improvement, a final report and corrective action plans will be required within 30 days.

MONITORING

1. This policy is a mandated by contract or statute. This policy will be monitored through use of PRSN:
 - Annual PRSN Provider and Subcontractor Administrative/ Subdelegated Review
 - Review of previous provider corrective action plans related to policy, including provider profiles related to performance on targeted indicators.
2. If a provider performs below expected standards, a corrective action will be required for PRSN approval. Reference PRSN Corrective Action Plan policy.

PRSN Administrative Review Tool

Date: _____

Pre-site activities:

- Review recent QRT recommendations, WSH & CLIP reports; review last Administrative Review Summary Report and CAPs
- Review recent chart review trends
- Request current organization chart or staff phone directory- identify all DMHPs and recently hired (direct and non-direct) staff members
- Request list of designated DMHPs

Scoring range: 1-absent, 2-partially developed, 3-meets minimum requirements, 4- exceeds minimum requirements, 5- consideration for regional model

#	ITEM	SCORE	COMMENTS
1. Administrative Services			
a	Participation in local emergency/ disaster events Measure- Local FEMA Coordinator/ coordination efforts		
b	Comply with PRSN Medicaid Fraud and Abuse Plan Measure- Review agency Plan/ staff training		
c	Reports of allegations of Medicaid Fraud or Abuse from agency/ staff in the past 12 months Measure- Review agency training, internal tracking/ investigation system, tracking log, and interview question # 11.		
d	Comply with PRSN Grievance Policy Measure- Review agency complaint policy and complaint file for responsiveness		
e	Comply with “all applicable state and federal laws”. Measure – Audit contract compliance and review policies and procedures for language.		
f	Comply with state and federal non-discrimination policies (such as Title IV or the Civil Rights Act of 1964, Age Discrimination Act of 1965, Rehabilitation Act of 1973, Title II and II of American with Disabilities Act) and DSHS Administrative policies. Measure – Review provider administrative policies and procedures for specific references to Acts		
g	Review DMHP safety policy; comply with state contract Marty Smith safety outreach protocols. Measure- Review agency policy		
h	Review agency process for segregating DSHS and non-DSHS data/ information. Measure- Agency policy and process for “flagging” payor source (frequency of verifying payor such as monthly, by whom at the agency, ect)		
i	Review agency policies, verify updated and reflect current practice/ acronyms (DBHR, Profiler, delete Ex. N reporting requirements, PCPC coordination, ect) Measure- Review agency RSN-related policies		

#	ITEM	SCORE	COMMENTS
2. General Services			
a	Purchase State Plan services, if the contractor is unable to provide the medically necessary mental health service. Measure- Review chart(s) of example(s)- such as crisis/ respite or diversion beds		
b	Provide written Interpreter Services notifications in prevalent languages (PRSN Rights) Measure- Staff Interview #1		
c	Mechanism to ensure enrollee notification/implementation of applicable (direct service related) changes in state law. Measure- Review agency policy and evidence (if applicable)		
d	Advanced Directives written information is available (42 CFR 438.6.i.3, PRSN Rights) Measure- Review written information in clinical chart, how information is made available/ distributed and internal agency tracking system.		
e	Psychological assessments and services are made available. Measure- Review chart(s) of examples, verify staff specialists list for internal resources		
f	Maintain agency call logs that track date of call, type of call (information, requesting services, complaint/ grievance) and date of attempted resolution. Measure- Evidence of agency call log		
g	Comply with PRSN Seclusion and Restraint policy Measure- Review agency outpatient, residential, and inpatient policy (as applicable). Review agency incident reports for events that result in seclusion or restraint		
h	Comply with PRSN Residential Services Plan Measure- Review agency residential plan, if applicable.		
i	Medicaid clients, only: Evidence of client notification of primary clinician terminated (no longer employed at agency) in clinical chart, within 15 days of separation. Measure- Review chart(s) of examples, verify written or verbal notification provided. (includes plan for re-assignment, new contact provider name, and who to contact with questions).		
3. Crisis Services			
a	Regardless of funding sources, provides crisis response services Measure- CMHC random data pull		
4. HIPAA			
a	Comply with PRSN Privacy Statement/ Practices and agency HIPAA security policies Measure- Review agency policy and procedures, PRSN Privacy Statements made available (see HIPAA checklist)		
b	Demonstrate HIPAA privacy practices Measure- Private interview rooms, front reception privacy reminders, computer monitor privacy screens, conducted/ completed risk assessment (see HIPAA checklist)		

#	ITEM	SCORE	COMMENTS
5. Quality Assurance Activities			
a	Quality Management Plan is present and reflects applicable WACs and Contract terms. Measure- Review of agency QMP (see QA checklist)		
b	Participate in an on-going PRSN and agency Quality Management process to ensure continued assessment and improvements in the agency, and measure overall system effectiveness (42 CFR 438.240.a.2) Measure- Participation on the QUIC, and other PRSN committees, evidence that related WAC and Contract terms are put into practice (see QA checklist)		
c	Ensure provider is responsible for collecting Critical Incident information and Sentinel Events, per PRSN Reporting Policy and form Measure – Review of Provider Critical Incident file for past 12 months for required documentation and analyze submitted reports to PRSN for trends		
6. ADA Compliance			
a	Ensure ADA building accessibility compliance (PRSN Rights) Measure- Review Agency ADA self-assessment		
7. Enrollee Rights (Clinical Chart documentation)			
a	Second opinion appointments occur within 30 days, when requested. • 2nd Intakes for non-Medicaid, within available resources. Measure- Evidenced by sample of clinical charts and staff interview # 4		
b	Choice and change of providers is provided, when requested. Measure- Evidenced by sample of clinical charts and staff interview # 10		
c	Clients have access and right to review their clinical file. Measure- Evidenced by sample of clinical charts		
d	Agency policy on individual requesting/ accessing medical records Measure- Agency policy		
e	Release of Confidential information- how is disclosure documented? Measure- Review agency policy and mechanism		
8. State Hospital And Ancillary Services Liaison			
a	CLIP: Participate in the transition/ discharge planning, resource management and written Working Agreements with each CLIP facility an enrollee resides. Measure- Interview agency CLIP liaison and facility		
b	WSH: Participate in the transition/ discharge planning, resource management and written Working Agreements with WSH. Measure- Interview agency WSH liaison		

#	ITEM	SCORE	COMMENTS
9. Regional Projects & PIPs			
a	Participate in the development/ implementation of PRSN under and over-utilization protocols. Measure- Data pull and QUIC participation		
10. Posted Information and Walk-through Activities (remains an active item)			
a.	Ombuds Information available Measure- Brochures and/or flyer in reception/ main lobby, space used for Day Treatment/ Clubhouses, and out-stations		
b	Posted "Point to Your Language" sign Measure- Posted in reception/ lobby		
c	Posted Advance Directive information Measure- Posted in reception/ lobby (new PRSN brochure dated 2/08)		
d	Posted general enrollee rights in all prevalent languages. Measure- Posted in publicly accessed areas		
e	PRSN or agency brochure / information explaining available benefits. Measure- Available benefits information is made available.		
f	Request medical records to explain/ walk through process when an individual requests to review their own medical record. Reference PRSN policy 2.12 Measure- Staff explain process		
g	Confirm contractor maintains all necessary licenses, certifications and/or permits as required by law. Measure - Provider will produce current licenses/ certifications (Case Management, E&T, Boarding House) and other applicable documents as requested.		
h	(KMHS, only) E&Ts walk- through for : <ul style="list-style-type: none"> • Posted Client Rights- OP and InPt • HIPAA Privacy Practices – private interview rooms, privacy screens, ect. • Ombuds Information – brochures or flyer posted • Security and Safety- review unit inpatient policy 		
11. Personnel			
a	Ensure number of qualified agency personnel, age appropriate, sufficient number, and access/ travel standards Measure- Review caseload numbers, Access to Specialists (kids, older adult), use of minority Specialists		
b	Neither employ or contract with person excluded from participation in Federal Health Care programs. Measure- Random review of 10% of personnel files of recently hired staff for website check (see Personnel checklist)		
c	Verify monthly exclusion process; agency monthly attestation letters Measure- Interview personnel staff involved in monthly process, review monthly back-up names (such as for names reviewed each month)		

#	ITEM	SCORE	COMMENTS
d	Random sample review of agency employee files for training and/or evaluation plans Measure- Random review of 10% of recently hired staff (see Personnel checklist)		
e	Verify primary source verification for education and credentials (state licensure can substitute primary source documents)		
f	Signed statements are maintained on file acknowledging understanding and agreement to abide by HIPAA requirements. Measure – Random review of 10% of recently hired staff (see Personnel checklist)		
g	Agency staff have received HIPPA training. New staff receive training within 30 days of start date. Measure – Random review of 10% of recently hired staff (see Personnel checklist)		
h	Verify Medicaid fraud and abuse training. Measure – Random review of 10% of recently hired staff (see Personnel checklist)		
i	Verify Safety and Violence Prevention training occurs annually. Measure- Random review of 10% of recently hired staff & DMHPs (see Personnel checklist)		
j	DMHPs only: Evidence of deputized date in personnel file. Measure – Random review of 10% of DMHPs (see Personnel checklist)		
k	Random sample of Exit Interviews from recently departed staff (within the past 12 months) Measure- Random review Exit Interviews for trends		Remains active on tool
l	Verify no Physician Incentive Plan(s) Measure- Random review of Physician personnel records (FTE staff and contractors)		
m	Staff interviews (see attached, staff interview questions) Measure- Conduct Staff interviews with 10% of direct service staff		

Agency Staff Interview Questions

Staff interviewed: _____

Team assigned: _____

PRSN staff: _____

1. Do you know how to access Interpreters/ Hearing Impaired services?
2. How and when (frequency) would you access a minority Specialists consultation, such as an African American specialists?
3. If a Medicaid client or family member requested a second opinion, what are the next steps?
4. What is the role of the Ombuds?
5. When you are reviewing treatment pace and realize you are nearing the maximum number of authorized hours for the timeframe, what are the next steps?
6. When requesting an authorized episode of care (PRAT), how are you given opportunity to advocate for a Medicaid client so that they are not denied, limited, or discontinued medically necessary mental health services?
7. What are the two PRSN Practice Guideline diagnoses for FY 11?
 - A. Do you know where to find them?
 - B. Do you know how the PRSN monitors?
 - C. Can you give me one example of a guideline requirement.
8. If you have a YIU/AIU or WSH/ CLIP client assigned to your caseload, how do you participate on their treatment/ transition planning?
9. If a client requested a change of providers, what are the guidelines listed on the client rights form?
10. Are you aware of your roles, responsibilities, and communication channels when you are concerned of agency or staff Medicaid Fraud and Abuse?
 - A. Provide an example of a concern that you may encounter.
11. True or False: Network providers and subcontractors can file an informal or formal complaint against the PRSN.
12. What is the intent of an Advance Directive? What do you tell people about Advance Directives?
13. What kind of supervision do you receive? Do you think it is adequate?
14. What does your agency do that promotes recovery, rehabilitation, and reintegration?
15. What are the state requirements for becoming a certified Peer Counselor?

Score: _____

Items of concern:

PRSN Admin. Review Personnel Records Checklist

PRSN Staff: _____

Date: _____

Verify evidence of the following for at least 10% staff and all DMHPs:

Staff Name	Position	<u>All Staff</u> Both Federal Exclusion Websites- <i>**list date of verification</i> Yes or No	<u>All Staff</u> Training: Medicaid Fraud & Abuse Training? Yes or No	<u>All Staff</u> HIPAA training within 1 st 30 days of hire? (or in 2003- 2004) Yes or No	<u>All Staff:</u> Signed HIPAA statement? Yes or No	Primary Source Verification			<i>Clinical & DMHP Staff</i> Current Training Plan? (within the past 12 months) Yes or No	<i>Clinical & DMHP Staff:</i> Current Evaluation Plan? (within the past 12 months) Yes or No	<i>Clinical & DMHP Staff</i> Attended annual safety and violence prevention training? Yes or No	<i>DMHP Staff</i> Evidence of date deputized? Yes or No
		WSP or other background checks Yes or No	Board Certification or state licensure (based on credential) Yes or No	School or training certificate. Specialists training log Yes or No								

** If clinical or medical staff and employed in private practice or another agency, website verification needs to be done every two years.

- List of names of deputized DMHPs (PRSN policy 3.13) – 10% random review to verify safety and protocol training, MHP status, and evidence of date deputized**

Rule	Policy	Practice	Comments
WAC 388-865-0450, Quality management process. <small>[Statutory Authority: RCW 71.05.560, 71.24.035 (5)(c), 71.34.800 , 9.41.047, 43.20B.020, and 43.20B.335. 01-12-047, § 388-865-0450, filed 5/31/01, effective 7/1/01.]</small>			
Community support service providers must ensure continued progress toward more effective and efficient age and culturally competent services and improved consumer satisfaction and outcomes, including objective measures of progress toward rehabilitation, recovery and reintegration into the mainstream of social, employment and educational choices by maintaining an internal quality management process. The process must:			
(1) Review the services offered and provided to improve the treatment of consumers, including the quality of intake evaluations			
(1) Review the services offered and provided to improve the treatment of consumers, including the effectiveness of prescribed medications;			
(2) Review the work of persons providing mental health services at least annually; and			
(3) Continuously collect, maintain, and use information to correct deficiencies and improve services. Such data must include but is not limited to reports of serious and emergent incidents			
(3) Continuously collect, maintain, and use information to correct deficiencies and improve services. Such data must include but is not limited to grievances filed by consumers or their representatives.			
Contract			
The contractor will develop and implement an internal quality management process to include:			
Ongoing data collection of objective measures aimed at examining clinical services.			
Identification of areas warranting improvement.			
Implementation of plans to improve those areas.			
The internal quality management process shall address at least the following:			
Incorporation of rehabilitation, recovery, and reintegration philosophies.			
Consumer choice and participation.			
Incorporation of the voice of family members and other consumer identified natural supports in the evaluation and treatment process.			
Age, Cultural, and linguistic competency.			

Timely access to care for <i>non-emergency</i> services.			
Timely access to care for <i>emergency</i> services.			
Efficacy of treatment plan.			
Efficacy of prescribed medications.			
Quality of intake evaluations.	See above		
Quality of crisis services.			
Grievance and complaint patterns.	See above		
Serious and emergent incidents.	See above		
Work of persons providing mental health services.	see above		
Additional areas where deficiencies are suspected based on anecdotal information, grievance and complaint patterns, or other quality processes.			
Performance Improvement Projects (PIP)- Contractors shall participate in the development and implementation of region-wide performance improvement projects.			

ADMINISTRATIVE SAFEGUARDS		CFR	Sample Audit Questions from CMS Security Series	Agency Policy Description and Location	Comments/Questions
Security Management Process	164.308(a)(1)				
Risk Analysis (R)	164.308(a)(1)	(A) Risk analysis (Required). Conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information held by the covered entity.	1) Identify potential security risks, 2) Determine probability of occurrence and magnitude of risks.		
Risk Management (R)	164.308(a)(1)	(B) Risk management (Required). Implement security measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level to comply with §164.306(a).	Implement security measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level to comply with 164.306 (a)		
Sanction Policy (R)	164.308(a)(1)	(C) Sanction policy (Required). Apply appropriate sanctions against workforce members who fail to comply with the security policies and procedures of the covered entity.	1) Sanction policy and procedure, 2) signed statement of adherence to security policy and a prerequisite that acknowledge disciplinary actions for violations up to and including termination, 3) policy contains examples, 4) adjust disciplinary action based on severity of violation?		
Information System Activity Review (R)	164.308(a)(1)	(D) Information system activity review (Required). Implement procedures to regularly review records of information system activity, such as audit logs, access reports, and security incident tracking reports.	1) What are the audit and activity review functions of the current information systems 2) Are the IS functions adequately used and monitored to promote continual awareness of IS activity? 3) What logs or reports are generated by the Info. System? 4) Is there a policy that establishes what reviews will be conducted? 5) Is there a procedure that describes the specifics of the reviews?		
Assigned Security Responsibility (R)	164.308(a)(2)	(2) Standard: Assigned security responsibility. Identify the security official who is responsible for the development and implementation of the policies and procedures required by this subpart for the entity.	Identify the security official who is responsible for the development and implementation of the policies and procedures required by this subpart for the entity		
Workforce Security	164.308(a)(3)	(3)(i) Standard: Workforce security. Implement policies and procedures to ensure that all members of its workforce have appropriate access to electronic protected health information, as provided under paragraph (a)(4) of this section, and to prevent those workforce members who do not have access under paragraph (a)(4) of this section from obtaining access to electronic protected health information.	Purpose is to ensure workforce members have appropriate access to IS EPHI		
Authorization and/or Supervision (A)	164.308(a)(3)	(A) Authorization and/or supervision (Addressable). Implement procedures for the authorization and/or supervision of workforce members who work with electronic protected health information or in locations where it might be accessed.	What process or criteria are used to determine who can have access to EPHI (i.e. job descriptions used, who makes the determination, is office so small that global access is okay?)		

ADMINISTRATIVE SAFEGUARDS	CFR	Sample Audit Questions from CMS Security Series	Agency Policy Description and Location	Comments/Questions
Workforce Clearance Procedure (A)	164.308(a)(3) (B) Workforce clearance procedure (Addressable). Implement procedures to determine that the access of a workforce member to electronic protected health information is appropriate.	A screening procedure for allowing access to EPHI		
Termination Procedures (A)	164.308(a)(3) (C) Termination procedures (Addressable). Implement procedures for terminating access to electronic protected health information when the employment of a workforce member ends or as required by determinations made as specified in paragraph (a)(3)(ii)(B) of this section.	Procedures for termination access to PHI when employment ends.		
Information Access Management	164.308(a)(4) (4)(i) Standard: Information access management. Implement policies and procedures for authorizing access to electronic protected health information that are consistent with the applicable requirements of subpart E of this part.			
Isolating Health Care Clearinghouse Functions (R)	164.308(a)(4) (A) Isolating health care clearinghouse functions (Required). If a health care clearinghouse is part of a larger organization, the clearinghouse must implement policies and procedures that protect the electronic protected health information of the clearinghouse from unauthorized access by the larger organization.	Only applies if a health care clearinghouse is part of a larger organization.		
Access Authorization (A)	164.308(a)(4) (B) Access authorization (Addressable). Implement policies and procedures for granting access to electronic protected health information, for example, through access to a workstation, transaction, program, process, or other mechanism.	How is authorization documented? 2) Are policies and procedures for granting access consistent with the Privacy Rule? 3) Have appropriate authorization and clearance procedures, as specified in workforce security, been performed prior to granting access? 4) Are access rules specific to applications and business requirements? For example, do different workforce members require different levels of access based on job function? 5) Is there a technical process in place such as creating unique user name and an authentication process, when granting access to a workforce member?		
Access Establishment and Modification (A)	164.308(a)(4) (C) Access establishment and modification (Addressable). Implement policies and procedures that, based upon the entity's access authorization policies, establish, document, review, and modify a user's right of access to a workstation, transaction, program, or process.	1) Are policies and procedures in place for establishing access and modifying access? 2) Are system access policies and procedures documented and updated as necessary? 3) Do members of management or other workforce members periodically review the list of persons with access to EPHI to ensure they are valid and consistent with those authorized?		
Security Awareness and Training	164.308(a)(5) (5)(i) Standard: Security awareness and training. Implement a security awareness and training program for all members of its workforce (including management).	Periodic retraining should be given whenever environmental or operational changes affect the security of EPHI. Changes may include: New or updated policies and procedures; new or upgraded software or hardware; new security technology; or even changes in the security rule.		
Security Reminders (A)	164.308(a)(5) (A) Security reminders (Addressable). Periodic security updates.	Such as: agenda items at meetings, focused reminders posted in affected areas, and/or formal training		

ADMINISTRATIVE SAFEGUARDS		CFR	Sample Audit Questions from CMS Security Series	Agency Policy Description and Location	Comments/Questions
Protection from Malicious Software (A)	164.308(a)(5)	(B) Protection from malicious software (Addressable). Procedures for guarding against, detecting, and reporting malicious software.	Procedures to guard against, detect and report malicious software.		
Log-in Monitoring (A)	164.308(a)(5)	(C) Log-in monitoring (Addressable). Procedures for monitoring log-in attempts and reporting discrepancies.	If log-in monitoring is reasonable and appropriate safeguard, there must be procedures for monitoring log-in attempts and reporting discrepancies.		
Password Management (A)	164.308(a)(5)	(D) Password management (Addressable). Procedures for creating, changing, and safeguarding passwords.	1) Are there policies in place that prevent workforce members from sharing passwords with others? 2) Is the workforce advised to commit their passwords to memory? 3) Are common sense precautions taken, such as not writing passwords down and leaving them in areas that are visible or accessible to others?		
Security Incident Procedures	164.308(a)(6)	(6)(i) Standard: Security incident procedures. Implement policies and procedures to address security incidents.	Identify, respond, mitigate, document suspected or known security incidents and document outcomes.		
Response and Reporting (R)	164.308(a)(6)	(ii) Implementation specification: Response and Reporting (Required). Identify and respond to suspected or known security incidents; mitigate, to the extent practicable, harmful effects of security incidents that are known to the covered entity; and document security incidents and their outcomes	1) Are policies and procedures developed and implemented to address security incidents? 2) Do the security incident policies and procedures list possible types of security incidents and the response for each? 3) Do the security incident policies and procedures identify to whom security incidents must be reported? see list below of examples		
Contingency Plan	164.308(a)(7)	(7)(i) Standard: Contingency plan. Establish (and implement as needed) policies and procedures for responding to an emergency or other occurrence (for example, fire, vandalism, system failure, and natural disaster) that damages systems that contain electronic protected health information.	Policies and procedures for responding to an emergency or other occurrence (for example, fire, vandalism, system failure and natural disaster) that damages systems that contain EPHI. Should include plan for physical access (see facility access control, contingency operations)		
Data Backup Plan (R)	164.308(a)(7)	A) Data backup plan (Required). Establish and implement procedures to create and maintain retrievable exact copies of electronic protected health information.	1) What is the EPHI that must be backed up? 2) Does the plan include all important sources of data such as patient accounting systems, emir, health maintenance and case management information, digital recordings of diagnostic images, electronic test results, or any other electronic documents created or used? 3) Has the organization considered the various methods of backups, including tape, disk, or CD? 4) Does the backup plan include storage of backups in a safe, secure place? 5) Is the organization's frequency of backups appropriate for its environment?		

ADMINISTRATIVE SAFEGUARDS		CFR	Sample Audit Questions from CMS Security Series	Agency Policy Description and Location	Comments/Questions
Disaster Recovery Plan (R)	164.308(a)(7)	(B) Disaster recovery plan (Required). Establish (and implement as needed) procedures to restore any loss of data.	1) Does the disaster recovery plan address issues specific to the covered entity's operating environment? 2) Does the plan address what data is to be restored? 3) Is a copy of the disaster recovery plan readily accessible at more than one location?		
Emergency Mode Operation Plan ®	164.308(a)(7)	(C) Emergency mode operation plan (Required). Establish (and implement as needed) procedures to enable continuation of critical business processes for protection of the security of electronic protected health information while operating in emergency mode.	1) Does the organization's plan balance the need to protect the data with the organization's need to access the data? 2) Will alternative security measures be used to protect the EPHI? 3) Does the emergency mode operation plan include possible manual procedures for security protection that can be implemented as needed? 4) Does the emergency mode operation plan include telephone numbers and contact names for all persons that must be notified in the event of a disaster, as well as roles and responsibilities of those people involved in the restoration process?		
Testing and Revision Procedures (A)	164.308(a)(7)	(D) Testing and revision procedures (Addressable). Implement procedures for periodic testing and revision of contingency plans.	1) Are the processes for restoring data from backups, disaster recovery and emergency mode operation documented? 2) Do those responsible for performing contingency planning tasks understand their responsibilities? 3) Have those responsible actually performed a test of the procedures? 4) Have the results of each test been documented and any problems with the test reviewed and corrected?		
Applications and Data Criticality Analysis (A)	164.308(a)(7)	(E) Applications and data criticality analysis (Addressable). Assess the relative criticality of specific applications and data in support of other contingency plan components.	Identify software applications (data applications that store, maintain, or transmit EPHI) and determine how important each is to patient care or business needs, in order to prioritize for data backup, disaster recovery and/or emergency operation plans. A prioritized list of specific applications and data will help determine which applications or information systems get restored first and/or which must be available at all times.		
Evaluation (R)	164.308(a)(8)	(8) Standard: Evaluation. Perform a periodic technical and nontechnical evaluation, based initially upon the standards implemented under this rule and subsequently, in response to environmental or operational changes affecting the security of electronic protected health information, that establishes the extent to which an entity's security policies and procedures meet the requirements of this subpart.	1) Subsequent periodic evaluations must be performed in response to environmental or operational changes that affect the security of EPHI. 2) Should occur annually or every 2 years, or possibly when a known change or security incident has occurred. 3) The evaluation must include the technical and non-technical aspects of the security program. 4) Should be documented		

ADMINISTRATIVE SAFEGUARDS	CFR	Sample Audit Questions from CMS Security Series	Agency Policy Description and Location	Comments/Questions
Business Associate Contracts and Other Arrangements	164.308(b)(1) (b)(1) Standard: Business associate contracts and other arrangements. A covered entity, in accordance with §164.306, may permit a business associate to create, receive, maintain, or transmit electronic protected health information on the covered entity's behalf only if the covered entity obtains satisfactory assurances, in accordance with §164.314(a) that the business associate will appropriately safeguard the information			
Written Contract or Other Arrangement (R)	164.308(b)(1) (4) Implementation specifications: Written contract or other arrangement (Required). Document the satisfactory assurances required by paragraph (b)(1) of this section through a written contract or other arrangement with the business associate that meets the applicable requirements of §164.314(a).	1) Have all business associates been identified? 2) Do business associate contracts or agreements include privacy and security requirements? See below for a list of business associate examples.		

Examples of security incidents:

- *Stolen or otherwise inappropriately obtained passwords that are used to access EPHI
- *Corrupted backup tapes that do not allow restoration of EPHI
- *Virus attacks that interfere with the operations of information systems with EPHI
- *Physical break-ins leading to the theft of media with EPHI
- *Failure to terminate the account of a former employee that is then used by an unauthorized user- to access informatin systems with EPHI
- *Providing media with EPHI, such as a PC hard drive or laptop, to another user who is not authorized to- access the EPHI prior to removing the EPHI stored on the media

Examples of Business Associates

- clearinghouses
- medical billing services
- vendors of hardware and software
- external consultants
- lawyers
- transcription contractors
- others who have access to EPHI

**BRIDGES Ombuds Program
PRSN Administrative Review Tool**

Date: _____

Conducted by: _____

Scoring range: 1-absent, 2-partially developed, 3-evidence of compliance, 4- exceeds minimum requirements, 5- consideration for regional model

#	ITEM	SCORE	COMMENTS
1. Administrative Services			
a	Ombuds program Information is made available Measure- Review marketing/informational materials.		
b	Comply with PRSN Fraud and Abuse Plan Measure– Review staff training to identify and report possible fraud/abuse.		
c	Advanced Directives written information is provided and available (42 CFR 438.6.i.3, PRSN Rights) Measure- Review written information		
d	Programs comply with all applicable state and federal laws. Measure – Audit contract compliance and review policies and procedures.		
e	ADA self-assessment of building completed Measure- ADA self- assessment tool completed		
f	Programs submit required PRSN reports in a timely manner. Measure- Submission of monthly program activity, quarterly complaints, and bi-annual Exhibit N reports		
2. General Services			
a	Maintain confidentiality. Measure- Review Ombuds case records, documentation, and verify ROIs		
b	Direct complaints through formal and informal channels for complaints and grievances Measure- Review staff training records. Review records for compliance with PRSN Grievance policy. Protocol for addressing client dissatisfaction with Ombuds services.		
c	Remain accessible to consumers, including a toll free phone number. Measure- Verify toll free number and accessible		

#	ITEM	SCORE	COMMENTS
d	Receive and investigate concerns at the request of an individual. Measure- Review call log, RIO process, and investigation process		
e	Assist in conflict resolution to resolve concerns and complaints at the lowest/ most local level. Measure- Ombuds Manual for Investigation and Resolution P&P, review informal complaints process		
f	Assist and advocate for clients and family members in voicing complaints with the provider, PRSN, or DSHS (DBHR). Measure- Review case notes		
g	Responds to issues of concerns in a timely manner; close cases in a timely manner. Measure- Review logs for response times, Exhibit N for closed cases status.		
h	Tracks data and trends regarding dignity and respect issues Measure- Review data collections and tracking trends		
i	Actively outreaches to consumers and family members to inform them of services and provide assistance with issues of dissatisfaction. Measure- Review outreach activities, how services are publicized		
j	Coordinates and collaborates with allied system advocacy and Ombuds services to improve the effectiveness of advocacy and to reduce duplication of efforts for shared clients (WAC) Measure- Review case examples		
k	Refer matters to mediation, when possible and appropriate. Measure- Review case record that was referred to mediation services.		
3. Quality Assurance Activities			
a	Participate on the PRSN Quality Improvement Committee, Quality Review Team activities, and monthly PRSN Advisory Board meetings. Make recommendations to improve the quality of services provided through the network, based on investigation and reporting trends. Measure- Review participation in QUIC and QRT		
b	Program improvements. Efforts to target and improve BRIDGES program services or areas needing improvement. Able to demonstrate steps to address issue(s). Measure- Review staff meeting notes or other documentation		
4. Enrollee Rights			
a	Posted general enrollee rights in all prevalent languages. Measure- Has rights available in prevalent languages.		

#	ITEM	SCORE	COMMENTS
b	Ombuds is aware of client rights regarding a second opinion. Measure- Staff interview		
c	Ombuds is aware of a client's rights regarding choice and change of providers. Measure- Staff interview		
5. Utilization and Resource Management			
a	Demonstrate understanding of authorization requirements and process. Measure- Staff interview		
b	Demonstrate knowledge of appeal process for clients when services have been denied or reduced. Measure- Staff interview.		
6. Personnel			
a	Ensure number of qualified staff to provide age and culturally appropriate services. Measure - Review monthly activity reports for program.		
b	Ombuds staff have not been employed by a service provider two years previous to hire, unless with PRSN notification or DSHS approval Measure – Personnel records.		
c	Review of agency employee files for supervision, training, and/or evaluation plans Measure- Review all personnel files for evidence of training (state sponsored Peer Support or BHC, ect) documents, evaluation plans, and supervision logs.		
d	Review of Exit Interviews from recently departed staff (within the past 12 months) Measure- Review Exit Interviews if applicable.		
e	Signed statements are maintained on file acknowledging understanding and agreement to abide by HIPAA requirements. Measure – Review all personnel files, HIPAA training		
f	Staff interviews (see staff interview questions) Measure- Conduct Staff interview(s)		

Staff Interview Questions

Staff interviewed: _____

1. True or False.
An individual can request a Fair Hearing, prior to exhausting the local Grievance process.
2. Do you know how to access Interpreters/ Hearing Impaired services, if they were needed for a client requesting your services?
3. True or False.
A client with special health care needs shall have unencumbered access to a MHP.
4. If a client or family member requested a second opinion, what are the next steps?
 - a. For an intake assessment
 - b. Regarding diagnosis or treatment strategy
5. If a client requested a change of providers, what are the guidelines (timeframes) listed on the PRSN Client Rights form?
6. Are you aware of your roles, responsibilities, and communication channels when you are concerned of agency or staff Medicaid Fraud and Abuse?
7. Please give an example of when you had the opportunity to advocate for a client so that they were not denied, limited, or discontinued medically necessary mental health services?
8. Please explain the Ombuds role in the appeal process for a client whose mental health services have been denied or reduced.
9. From your perspective, what are the top three mental health service delivery issues most commonly addressed through the Ombuds program?
10. Please provide the PRSN feedback about how our office could assist in the quality improvement of services provided through the Ombuds program?
11. What is the approximate time between when records are requested by a provider (Profiler) and when records are received?



PENINSULA RSN

NETWORK MANAGEMENT POLICIES AND PROCEDURES

Policy Name: SUBCONTRACTUAL DELEGATION AND ASSESSMENT

Policy Number: 9.04

Reference: DSHS Contract, Subdelegated Contracts, 42 CFR 438.206, 230

Effective Date: 7/2005

Revision Date(s): 12/2011

Approved by: PRSN Executive Board

CROSS REFERENCES

- Form: HIPAA Business Associates Addendum
- Plan: Quality Management Plan
- Policy: Corrective Action Plan
- Tool: Delegation and Assessment Tool

PURPOSE

The Peninsula Regional Support Network (PRSN) enters into contracts with qualified network providers and monitors for compliance. The PRSN oversees and is accountable for all the functions performed by the subcontractor performing the PRSN required Pre-Paid Inpatient Health Plan (PIHP) functions on an ongoing basis.

DEFINITIONS

To subdelegate means an entity authorized to act as representative for another; a deputy or an agent. In this policy it refers to an entity or organization that is contractually responsible for conducting the PRSN Pre-Paid Inpatient (PIHP) functions.

PROCEDURE

The PRSN maintains a subcontractual delegation relationship for the operation of the PRSN:

- Information Systems Network, via Profiler and access to Provider 1 regional program

- Authorization and Utilization Management functions, including customer service functions, authorization determinations for all PRSN services (that require authorization), conducting the service denial notifications and appeal process on behalf of the PRSN, and entering prior authorization inpatient information into Provider 1.

PRSN Information Technology and Systems Network Subdelegated Responsibilities

The subdelegated contractor must meet all the requirements as identified in the standards requirements (listed below), and in addition the following:

1. The existing network contractor responsible for Information Services has been successfully managing a large Information Technology (IT) and Information Systems (IS) network in compliance with state requirements for over twenty (20) years. The operational duties include:
 - a. System available during normal business hours, core data transfers, and system back-up duties. Core data will be transmitted daily to State, encounter data submitted on a monthly basis, resolving error reports
 - b. Develop a system security setup for each network agency
 - c. Setting up the necessary items to allow the state core data to be entered into Profiler system
 - d. Apply and provide technical assistance for training, patch and upgrade installations
 - e. Maintaining a functionally sound data base that includes archiving the data base, events, journals, and other files
2. The subdelegated contractor must meet all the requirements as identified in the standards requirements listed below.
3. The PRSN requires a formalized delegation agreement which is part of the contracting agencies contract with the PRSN. Reference KMHS contract, Attachment B: IT Statement of Work
4. The PRSN monitors contractor compliance through the standard processes listed below, in addition the PRSN uses the feedback provided from:
 - a. The Department of Behavioral Rehabilitation's (DBHR) Information Services division.
 - b. The annual DBHR's External Quality Review Organization (EQRO) RSN reviews. The EQRO monitors the regional IS compliance with regulations, functions, capacity, an overall performance. The PRSN will use the EQRO

findings, in conjunction with the applicable IS items on the PRSN Subcontractors Delegation and Assessment Tool, to monitor delegated PIHP functions.

- c. The PRSN Administrative Review of the network agency.

PRSN Authorization and Utilization Management Subdelegated Responsibilities

The subdelegated contractor must meet all the requirements as identified in the standards requirements (listed below), and in addition the following:

1. The PRSN contracts with an independent utilization management organization to conduct the inpatient, outpatient, residential, and intake assessment authorization determinations.
2. The subdelegated contractor has the responsibility of proving authorization determinations and the service denial notifications, including Notice of Action letters to Medicaid individuals when an adverse action occurs. The contractor must also provide the Appeals Review, on behalf of the PRSN, upon request.
3. The subdelegated contractor must maintain URAC and/or NCQA accreditation, state licensure, and comply with all federal and Washington State regulations.
4. The subdelegated contractor must maintain adequate number of staff to ensure compliance with contact including utilization care managers, clinical staff with expertise, and a Board certified Medical Director to meet the contracted federal and state authorization timeframes set before the PRSN as a PIHP.
5. The subdelegated contractor must use the PRSN medical necessity definition, Level of Care standards, state developed Community Psychiatric Inpatient authorization forms and procedures, and adhere to the PRSN Utilization Management Plan.
6. The subdelegate will participate, upon request, the PRSN Utilization Management or Quality Improvement Committees.
7. The subdelegate will supply, requested reports, data or information needed by the PRSN to assure and maintain compliance with all federal and state reporting requirements and standards. The required reports include, but are not limited to:
 - a. Monthly authorization reports, including number of authorizations (Medicaid and non-Medicaid), type of authorization (outpatient, inpatient, residential, or intake), type of level, start and expiration date, number of denials, request and conducted Appeals, and other authorization information as requested.
 - b. Monthly report of flagged high user of crisis services) an high risk individuals (per PRSN definitions).

- c. Quarterly trend report.
 - d. Other reports for review by the Utilization Management Committee or as requested by the PRSN.
8. The PRSN requires a formalized delegation agreement that is part of the contract with the utilization management organization.
 9. The PRSN will conduct the first delegation audit and review as soon as mutually agreed upon date (between the PRSN and the organization) can be established.
 10. The PRSN monitors contractor compliance through the standard processes listed below, in addition the PRSN uses the feedback provided from:
 - Feedback from the annual Mental Health Division's External Quality Review Organization (EQRO) RSN reviews. The EQRO monitors the regional IS compliance with regulations, functions, capacity, an overall performance. The PRSN will use the EQRO findings, in conjunction with the applicable IS items on the PRSN Subcontractors Delegation and Assessment Tool, to monitor delegated PIHP functions.

Standard Requirements for PIHP Delegated Functions

1. Before any new subdelegation contracting decision is finalized, the PRSN will evaluate the prospective subcontractor's ability to perform the activities to be delegated. This is done in the following areas:
 - organizational capacity
 - clinical/ staffing capacity
 - quality improvement processes
 - HIPAA and Medicaid compliance
 - (IT, only) data security requirements
 - (ASO, only) authorization for services and utilization management
2. The standards requirements are as follows:

Organizational Capacity

Each prospective contractor or subcontractor must demonstrate the following, as the item applies to the delegated functions:

- Maintain licensing by the state as necessary
- Maintain written policies and procedures covering its adherence to contract and relevant regulations
- Have an adequate data system and staffing to participate in required data reporting; e.g., data on service authorizations, inpatient certifications, evaluation of MIS system, provision of data for PRSN quality management

needs, and ongoing management data to monitor performance of delegated duties

- Maintenance of an internal quality management/quality improvement process and documentation of minutes for PRSN review
- Demonstration of a management team that is responsive to feedback from PRSN (and its Ombuds and Quality Review Team), allied providers, and service recipients
- Training and supervision with staff that reflect PRSN's mission and goals as well as adherence with contract and regulations
- Ongoing support for client rights, from provision of information on client rights to responsive action when feedback suggests there may be problems in this area.

Clinical/ Staffing Capacity

Each prospective contractor or subcontractor must demonstrate the following, as the item applies to the delegated functions:

- The availability of qualified staff to assume delegated functions; this includes mental health professionals with clinical expertise in treating children and adults, and a sufficient number of mental health specialists.
- Care management staff must show an understanding of State Access to Care guidelines, and familiarity with current best practices and promising practices.
- Hiring for clinical staff includes verification of licensure or certification, background checks, review of any loss of licensure or felony convictions, and reference checks.
- Competence in implementing delegated functions, as seen in concurrent and retrospective reviews of service authorizations, provider decisions regarding ongoing care, care coordination with allied providers, supervisory feedback to staff, and response to complaints and grievances.
- Effective use of training so that staff understand relevant clinical procedures and expected practice (e.g., use of Access to Care standards to determine eligibility for services).
- Openness to PRSN feedback on delegated functions and capacity to make changes in practice when requested.
- Availability of a physician to provide reviews to any inpatient denials and to provide second opinions when requested.
- Documentation of decision making associated with inpatient certification
- Effective medical records practices
- Timely communication with PRSN regarding delegated decisions;
- Participation in any training and feedback from PRSN regarding delegated functions.

Quality Improvement Processes

Each prospective contractor or subcontractor must demonstrate the following, as the item applies to the delegated functions:

- Implement and document a quality management/quality improvement process.
- Participates in PRSN's policies and procedures for grievances and fair hearings; they provide relevant information to enrollees at entry to services and participate actively in the resolution of enrollee complaints.
- Contractors are given feedback on quality issues by PRSN's Quality Review Team. Contractors respond appropriately and in a timely way to QRT recommendations for improvement.

HIPAA & Medicaid Compliance

Each prospective contractor or subcontractor must demonstrate the following, as the item applies to the delegated functions:

- Contractors comply with HIPAA standards
- Signed HIPAA Business Associates Agreement with PRSN
- Demonstrates effective medical records practices

IT: Data Security Requirements- see tool

ASO: Authorization for Services and Utilization Management - see tool

Standard Subdelegation Contract Requirements

1. The PRSN requires a formalized delegation agreement, which is part of the contract, with any organization or entity that provides subdelegated PRSN PIHP functions.
2. The contract, including the delegation agreement, between PRSN and the subdelegated contractor, will:
 - Specify the activities and reports responsibilities designated to the subcontractor; and
 - Provide for revoking delegation or imposing other sanctions if the subcontractor's performance is inadequate.
3. All subdelegated contractors will comply with the PRSN Compliance Plan and monitoring activities.
4. Sign the PRSN HIPAA Business Associates Addendum.

Standard Subdelegation Contractor Monitoring, Audits and Review

1. PRSN monitors current subdelegated contractor's performance on an ongoing basis and subjects them to formal annual reviews through contract monitoring and clinical service review, as well as ongoing concurrent reviews.
2. Before any new subdelegation contracting decision is finalized, the PRSN will evaluate the prospective subcontractor's ability to perform the activities to be delegated.
3. The PRSN uses the PRSN Subcontractor Delegation and Assessment Tool to conduct pre-evaluation and annual subdelegation contractor performance reviews.
4. The PRSN administrator, or his designee, will direct these monitoring activities.
5. Formal reports are shared with quality management committee, and with the PRSN Executive and Advisory Boards.
6. If the PRSN identifies deficiencies or areas for improvement, PRSN takes corrective action. The subdelegated contractor will respond to specified areas of non-compliance with a Corrective Action Plan (CAP). Any required CAP shall be submitted to PRSN no later than 30 days after the receipt of the audit results for approval. See the PRSN Corrective Action policy.
7. The subdelegation contracts, including the Agreement, have provisions for terminating the contractual relationship.

PRSN SUBCONTRACTOR DELEGATION AND ASSESSMENT FY 2011- 2012

Delegated Contractor: CommCare Date: _____

The Peninsula Regional Support Network (PRSN) is accountable for any functions and responsibilities that it delegates through a subcontract. The PRSN conducts a subcontractor delegation review of potential subcontractors and current subcontractors to assess satisfactorily performance of contracted PRSN/PIHP functions. This tool may be used in conjunction with the External Quality Review Organizations (EQRO) annual findings, as they relate to the contracted functions.

Delegated PIHP functions:

- The PRSN contracts with an independent utilization management organization to conduct the inpatient, outpatient, and residential authorization determinations.
- The subdelegated contractor has the responsibility of proving authorization determinations for PRSN contracted outpatient, inpatient, and residential services and the service denial notifications, including Notice of Action letters to Medicaid individuals when an adverse action occurs.
- The contractor must also provide the Appeals Review, on behalf of the PRSN.
- The subdelegated contractor must maintain adequate number of staff to ensure compliance with contact including utilization care managers, clinical staff with expertise, and a Board certified Medical Director to meet the contracted federal and state authorization timeframes set before the PRSN as a PIHP.
- The subdelegated contractor must maintain URAC accreditation.
- The subdelegated contractor must use the PRSN medical necessity definition, Level of Care standards, authorization forms and procedures, and adhere to the PRSN Utilization Management Plan.
- The subdelegate will supply, requested reports, data or information needed by the PRSN to assure and maintain compliance with all federal and state reporting requirements and accreditation standards.
- The PRSN requires a formalized Delegation Agreement (Statement of Work) that is part of the contract with the utilization management organization. See CommCare contract, Exhibit A Statement of Work

Audit Instructions

The tool can be completed through a combination of the following activities:

- Review of delegated organization's policies and procedures, organizational charts, accreditations, personnel files and related tools to meet audit requirements
- Request feedback from regional Utilization Management Committee, network provider agencies, or others

Scoring Range: 1= absent, 2= partially developed, 3= evidence of compliance, 4= exceeds minimum requirements, 5= regional model

#	ITEM	SCORE	PRSN COMMENTS
1. Organizational Capacity			
a	Maintains licensing as required by the state or accreditation as required by contract (URAC/ NCQA for UM subcontractor) Measure- Verify current agency accreditations		
b	Maintains a toll free phone number and provides access 24 hours a day, 7 days a week to providers seeking authorization of services. Measure- Verify toll free number and review phone system tracking for average speed of answered calls vs. abandoned calls.		
c	Maintains policies and procedures covering the adherence to PRSN contract and relevant regulations Measure- Review P&P for contract/ regulation requirements for completeness and how they are internally monitored.		
d	Maintains an adequate data system for required reporting, such as : <ul style="list-style-type: none"> ▪ Service authorizations (OP, InPt, and Residential) ▪ Inpatient certifications (ITA & Voluntary, includes E&Ts) ▪ Provision of data for PRSN quality management needs (authorization trends) ▪ System management data to monitor on-going performance of delegated duties Measure- Review monthly UM tracking reports		
e	Timely communication with PRSN regarding delegated decisions. Measure- Monitor responsiveness time with regards to scheduled reports, returned PRSN phone calls, and demonstrated proactive communication		

#	ITEM	SCORE	PRSN COMMENTS
2. Clinical/Staffing Capacity			
a	<p>Has sufficient availability of qualified staff to assume delegated functions, including:</p> <ul style="list-style-type: none"> ▪ Care management staff with at least four (4) years case management experience treating the Medicaid population. ▪ Board certified psychiatrist, Medical Director ▪ Mental health professionals with clinical expertise in treating children and adults, ▪ Sufficient number of staff (mental health specialists and/ or IS program analysts) to fulfill the contract requirements and response time. <p>Measure- Analyze staffing sufficiency and require PRSN notification with significant reduction/ changes to staffing patterns. Analyze average call wait and authorization time for CY 2009</p>		
b	<p>Staff must show an understanding of State Access to Care, PRSN Levels of Care, and InPt certification process.</p> <p>Measure- Review staff training file and track utilization rates</p>		
c	<p>Staff is responsive to feedback from PRSN, network providers, allied providers and service recipients</p> <p>Measure- Demonstrate(d) or offer references from entities that provided system improvement feedback, gather MHD IS feedback</p>		
d	<p>Training and supervision with staff that reflect PRSN's mission and goals, as well as adherence with contract and regulations.</p> <p>Measure- Review organizational chart, training process, personnel training files</p>		
e	<p>Hiring for clinical staff includes verification of licensure or certification, background checks, review of any loss of licensure or felony convictions, and federal exclusions.</p> <p>Measure- Review personnel files for credential verification, organizational chart for sufficient number of practioners for UM decisions (including Medical Director).</p>		

#	ITEM	SCORE	PRSN COMMENTS
3. Quality Improvement Process			
a	Maintains an internal quality management/quality improvement process that compliments the PRSN QMP. Measure- Review documentation, such as project summary or meeting minutes		
4. HIPAA and Medicaid Compliance Reporting			
a	Comply with PRSN Compliance Plan, Fraud and Abuse Plan, and HIPAA standards. Measure- Review current agency Compliance Plan, review agency updated (from last review period) P&P for HIPAA and Medicaid Fraud/ Abuse reporting standards, review staff training records.		
b	Signed HIPAA Business Associates Agreement with PRSN. Measure- Review PRSN files for signed HIPAA Agreement.		
c	Demonstrates effective medical records practices Measure- Review record keeping P&P		
5. Authorization for Services and Utilization Management Functions			
a	Adheres to the PRSN's Complaint/ Grievances/ Appeal P&P <ul style="list-style-type: none"> ▪ This includes providing relevant information to enrollees/ requesting providers at entry to services and actively participating in the resolution of enrollee disputes/ appeals. Measure- Review PRSN Appeal records and CommCare's Appeal logs		
b	Ensures the PRSN Appeals process is followed according to contract for standard and expedited appeals. Measure- Review requested appeals in FY 2009		
c	Ensures Notice of Action information is sent to Medicaid individuals when requested services are denied or reduced Measure- Review NOA file		
d	Ensure all actions for inpatient services resulting from a clinical determination are review by a board certified psychiatrist Measure- Review denial/ appeal log for FY 2009		

#	ITEM	SCORE	PRSN COMMENTS
e	Reviews all requests for services and denials for Medicaid and non-Medicaid individuals. Ensures client services have not been arbitrarily reduced or denied based on diagnosis or enrollee's condition. Measure- PRSN receives a copy of all determination letters sent by CommCare, random file review of ineligible/ denied individuals via annual CMHA Administrative Reviews		
f	Ensures no inappropriate incentives for authorization determinations. Measure- Review PRSN flat fee contract and ensure relationship between UM contract and service provider contractors maintains independence.		

Conclusions:

PRSN Subcontractor Delegation & Assessment Tool- Regional IS

The Peninsula Regional Support Network (PRSN) is accountable for any functions and responsibilities that it delegates through a subcontract. The PRSN conducts a subcontractor delegation review of current subcontractors to assess satisfactorily performance of contracted PRSN/PIHP functions. This tool will be used in conjunction with the External Quality Review Organizations (EQRO) annual findings, as they relate to the contracted regional IS functions.

Delegated Contractor: Kitsap Mental Health Services Date: _____

Delegated PIHP functions: Information Services

Audit Instructions

Please reference agency documentation for each item to review via desk audit. The Agency Comments column is optional. It is provided to allow additional comments/ explanations.

#	ITEM	PRSN SCORE	Agency Documentation	Agency Comments
1. Organizational capacity to perform subdelegated functions				
a	Maintain compliance with regional IS policies and procedures covering the adherence to contract and relevant regulations Examples of evidence - Review of P&P for contract/ regulation requirements for completeness and how they are internally monitored (including data security and disaster recovery requirements).			
Manage all aspects of the PRSN IS system to report and ensure:				
b	Report and ensure recording of data on service authorizations (outpatient, inpatient, residential, Provider 1 PA technical assistance) Examples of evidence – Review of data reports			
c	Report and ensure provision of data for PRSN quality management needs Examples of evidence – Review of data reports and requests for QA reports			
d	Ensure daily back-up and tape storage for all sites Examples of evidence - Review of back-up storage process			
e	Manage and ensure control system security set-up for each provider Examples of evidence – Review of the security and system disaster recovery process			

#	ITEM	PRSN SCORE	Agency Documentation	Agency Comments
f	Set up and maintain the necessary items to allow the state core data to be entered into system Examples of evidence - Review encounter data and data error reports			
g	Ensure Management and submission compliance as stated in the contract between the PRSN/ KC and the DBHR Examples of evidence - Verify process, including data certification process			
h	Install and apply appropriate system software and operating system upgrades Examples of evidence - Review dates of system upgrades and installations			
i	Maintaining an internal quality management/quality improvement process Examples of evidence - Review of applicable documentation, such as meeting minutes, training venues, network satisfaction surveys, etc.			
j	Provide timely contract specific activities and reports of acceptable quality Examples of evidence - Review reports or sample reports of prospective subcontractors			
k	Adequate training is provided/ available to the region Examples of evidence - Training logs			
l	KMHS IT communicate system improvement strategies to the PRSN, make recommendations for system changes/ improvement Examples of evidence - Feedback provided to the PRSN			
m	KMHS IT is responsive to identified problems and has established effective communication with each providers' "system manager" Examples of evidence - Internal QA/ QI projects, informal & formal feedback, etc			
2. Staffing Capacity				
a	The availability of qualified staff to perform delegated functions and sufficient staff to maintain regional IS CMHC system. Examples of evidence - Analyze contractor ability to analyze staffing sufficiency, request annually updated staffing directory, and require PRSN notification with significant reduction/ changes to staffing patterns.			
b	Hiring for IS staff includes background checks, federal exclusions and reference checks. Examples of evidence - Review personnel files for noted documents.			
c	Provides adequate and appropriate training and supervision to KMHS IT staff. Examples of evidence - Review organizational chart and personnel/ training files			

#	ITEM	PRSN SCORE	Agency Documentation	Agency Comments
b	<p>Storage of data on portable media or devices is given special protection, if being transported outside of an secure area, by: (which of the following)</p> <ul style="list-style-type: none"> ___ Encrypting the data and devices ___ Controlling access to devices with a password or stronger authentication methods ___ Manually locking devices whenever they are left unattended and setting devices to lock automatically after a period of inactivity (maximum period is 20 minutes) ___ Physically protect portable devices an media by: keeping them locked storage when not in use, using check-in procedures, and frequent inventories 			
c	<p>Data segregation. DSHS data is segregated or otherwise distinguishable from non-DSHS data. This includes procedures for storage of data on media, in a logical container, within a shared database, and paper documents. Examples of evidence – Review of the segregated data system</p>			
d	<p>Data disposition. Data is destroyed in accordance with the DSHS IT Security Policy. Examples of evidence – Review of the process</p>			
e	<p>Notification of Compromised or Potential Compromise. Process to notify DSHS and the PRSN within one business day if the data is compromised or potentially compromised. Examples of evidence – Review of the notification process</p>			
f	<p>Data shared with sub-contractors. Data security provisions, for data shared with subcontractors, are included in the contract and accompanying documents. Examples of evidence – Review of applicable subcontracts</p>			



PENINSULA RSN

SUBCONTRACTUAL DELEGATION POLICIES AND PROCEDURES

Peninsula Regional Support Network-Items of Delegation

Activity	Delegated To:	<i>Relevant Policies and Comments</i>
Assign Levels of Care and request authorization for services.	Contracted Providers	7.01 Auth for OP Services 7.03 LOC 7.04 Intake Eval & Eval Services 7.05 PRAT 7.06 UM Plan 11.01 Access to Services, Timely
Authorization and re-authorization for inpatient, outpatient treatment services, and residential services	ASO Contractor- CommCare	7.01 Auth for OP Services 7.03 LOC 7.04 Intake Eval & Eval Services 7.05 PRAT 7.06 UM Plan 12.01 DSHS InPt Instructions
Assessments of consumers prior to determination of appropriateness of inpatient, outpatient, or residential services	Contracted Providers	7.01 Auth for OP Services 7.03 LOC 7.04 Intake Eval & Eval Services 7.05 PRAT 7.06 UM Plan
Adverse Determinations (Denials)	ASO Contractor- CommCare	6.03 Appeal Process 6.05 NOA Requirements 7.01 Auth for OP Services 7.03 LOC 7.06 UM Plan 12.03 Voluntary InPt Denials
EPSDT – Initial intake review and Level of Service assignment	Request made by Contracted Provider, CMHS Review by PRSN Contractor Child Mental Health Specialist	7.03 LOC 11.08 EPSDT Coordination
EPSDT – Coordination of Individual Service Teams	Contracted Providers Oversight by PRSN Childrens Services Manager	2.17 Special Pop- Coordination of Care for Children 11.08 EPSDT Coordination
Care Management: <ul style="list-style-type: none"> Assessment and Re-Assessment s Collaboration in authorizations required for extension, discharge and transfer needs 	ASO Contractor- CommCare	7.03 LOC 11.01 Access to Services, Timely 11.11 Housing Services 11.18 Primary & Hospital Coordination of Care 11.19 Special Healthcare Needs-Quality & Appropriateness 11.20 Special Healthcare Needs-Direct Care

Activity	Delegated To:	Relevant Policies and Comments
Inpatient, Outpatient, and Residential Services	Contracted Providers	2.08 Rehab & Integrated Care 2.11 Enrollee Rights 2.12 Consent for Treatment 2.13 Second opinion 2.16 Special Needs Accommodation Process 2.21 Recovery & Resiliency 3.02 Culturally Competent Services 3.03 Culturally Competent Service Structure 7.03 LOC 11.02 Access to Services Prior to Intake 11.03 Service Modalities- Outpatient 11.04 Service Modalities- Crisis 11.05 ISP 12.01 DSHS InPt Instructions 12.05 Admission & DC Coordination from InPt care
Appeals	ASO Contractor- CommCare, Medical Director	6.01 Complaint, grievance, Appeal, & Fair Hearing Req 6.03 Appeal Process 12.03 Voluntary InPt Denials
Fair Hearings	DBHR/ DSHS	6.01 Complaint, grievance, Appeal, & Fair Hearing Req 6.04 Fair Hearing
Communication with consumers - Provide Member Handbook	PRSN	2.06 Comprehensive Info Plan 2.07 General Info Req 2.07a PRSN Handbook
Communication with members – negative action	ASO Contractor- CommCare	7.01a PRSN Auth. Ltr 7.01c PRSN Ltr of Ineligibility 6.03a CommCare Appeal Acknowledgement Ltr 6.05a NOA Ltr
Telephonic communication with consumers re: NOD/NOA	ASO Contractor- CommCare	6.01 Complaint, grievance, Appeal, & Fair Hearing Req 6.03a CommCare Appeal Acknowledgement Ltr 6.05a NOA Ltr 12.03 Voluntary InPt Denials
Communication with consumers and providers	QRT Contractor	9.01 Monitoring Sufficiency 9.02 Monitoring Contractors 9.08 QRT

Activity	Delegated To:	Relevant Policies and Comments
Staff credentialing and licensure including MHP and MH Specialist	Contracted Providers	3.03 Culturally Competent Service Structure 3.03a Specialists Directory 3.03b Bilingual Directory 3.03c Tribal Specialists 3.03d EBP Directory 3.08 Provider Staff Qualifications 3.09 Credentialing & Recredentialing
Monitoring a LRA or a Conditional Release.	Contracted Psychiatric Provider and Contracted Providers	9.07 Standard Chart Reviews 9.07a Intake & Reauth Standard Tool
Ombuds Services	BRIDGES Ombuds Contractor	6.01 Complaint, Grievance, Appeal & fair Hearing Req 13.02 Ombuds Services
Data Submission to DBHR	KMHS- IT	4.01 Loading of State Enrollment Data 4.02 Data Transfer to the Department 4.03 IS Processing procedures 4.04 IS Encounter Submission 4.05 Data Error Resolution 4.06 Acceptance of Late MIS Data 4.07 Data System Backup & Recoverability
Maintenance of Profiler Regional EMR hardware and network	KMHS – IT	4.01 Loading of State Enrollment Data 4.02 Data Transfer to the Department 4.03 IS Processing procedures 4.04 IS Encounter Submission 4.05 Data Error Resolution 4.06 Acceptance of Late MIS Data 4.07 Data System Backup & Recoverability PRSN Subcontract

Activity	Delegated To:	<i>Relevant Policies and Comments</i>
Information Services - functions and responsibilities of PRSN staff PC & network	Kitsap County IT	4.01 Loading of State Enrollment Data 4.02 Data Transfer to the Dept. 4.03 IS Processing procedures 4.04 IS Encounter Submission 4.05 Data Error Resolution 4.06 Acceptance of Late MIS Data 4.07 Data System Backup & Recoverability PRSN Subcontract
RSN Software	KMHS – IT (subcontracted to UniCare)	4.01 Loading of State Enrollment Data 4.02 Data Transfer to the Department 4.03 IS Processing procedures 4.04 IS Encounter Submission 4.05 Data Error Resolution 4.06 Acceptance of Late MIS Data 4.07 Data System Backup & Recoverability PRSN Subcontract
Crisis Hotlines	Contracted Providers (subcontracted to Crisis Clinic of the Peninsulas)	11.01 Access to Services, Timely 11.04 Service Modalities- Crisis 11.06 Crisis Prevention Plan
After hours customer services – authorizations	ASO Contractor- CommCare	7.01 Auth for OP Services 7.06 UM Plan
Special Population Consult	Contracted Provider	2.17 Special Populations-Coordination of Care for Children 2.18 Special Populations-Coordination of Care for Older Adults 2.19 Special Populations-Coordination of Care for Disabled 2.20 Special Populations-Coordination of Care for Minorities 3.01 Availability of Services 3.02 Culturally Competent Services 3.03 Culturally Competent Service Structure 3.03a Specialists Directory 3.03b Bilingual Directory 3.03c Tribal Specialists 3.03d EBP Directory

Activity	Delegated To:	<i>Relevant Policies and Comments</i>
Interpreter Services	PRSN Language Line for Contracted Providers use	2.14 Interpreter Services 2.15 Consumer Rights in Braille
Coordination of Care	Contracted Providers	2.17 Special Populations- Coordination of Care for Children 2.18 Special Populations- Coordination of Care for Older Adults 2.19 Special Populations- Coordination of Care for persons with Disabilities 2.20 Special Populations- Coordination of Care for Ethnic Minorities 2.21 Recovery & Resiliency 11.08 EPSDT Coordination 11.18 Notification of Primary MH Care Provider Termination 11.19 Special Healthcare Needs- Quality & Appropriateness 11.20 Special Healthcare Needs- Direct Care 11.21 Special Healthcare Needs- Quality & Appropriateness 14.01 Working Agreements



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.

Peninsula RSN E&T Chart Review Tool

Date of Review				
Adult or Child				
Reviewed by				
Client ID				
Admit Date				
Discharge Date				
Axis I				
Axis II				
CGAS/GAF				
	Actual Score	Possible Score	Percentage	Comments
E&T Admission and Intake				
If the consumer was detained, there is a copy of the initial detention paperwork in the chart. WAC 388-865-0541 (1)		0		
The consumer received a health assessment to determine if transfer to a medical hospital was needed. WAC 388-865-0541 (2)		0		
The consumer received a medical evaluation within 24 hours of admit (licensed physician, ARNP, PA-C). WAC 388-865-0541 (2)		0		
There is a psychosocial evaluation by a MHP WAC 388-865-0541 (2)		0		

There is an initial treatment plan WAC 388-865-0541 (2)		0		
Less restrictive alternatives were considered at the time of admission WAC 388-865-0541 (2)		0		
There is an admission diagnosis and information that the diagnosis was based upon. WAC 388-865-0541 (2)		0		
If the licensed physician and mental health professional determined that the needs of an adult consumer would be better served by placement in a chemical dependency treatment facility then the consumer was referred to an approved treatment program WAC 388-865-0541 (4)		0		
Adult Seclusion and Restraint (complete only if there was an episode of seclusion or restraint)				
Authorization from a physician was obtained within 1 hour of initiating seclusion or restraint. WAC 388-865-0545 (1)		0		
The consumer was informed of the reasons for use of seclusion or restraint and the specific behaviors which must be exhibited in order to gain release from these procedures. WAC 388-865-0545 (2)		0		
There is documentation of staff observation of the consumer at least every fifteen minutes and observation recorded in the consumer's clinical record. WAC 388-865-0545 (3)		0		
If the use of restraint or seclusion exceeds twenty-four hours, a licensed physician assessed the consumer and write a new order if the intervention will be continued. This procedure is repeated again for each twenty-four hour period that restraint or seclusion is used. WAC 388-865-0545 (4)		0		

All assessments and justification for the use of seclusion or restraint are documented in the consumer's medical record. WAC 388-865-0545 (5)		0		
Children: Seclusion and Restraint (complete only if there was an episode of seclusion or restraint)				
Authorization from a physician was obtained within 1 hour of initiating seclusion or restraint. WAC 388-865-0546 (1)		0		
The child was not restrained or secluded for a period in excess of two hours without having been evaluated by a mental health professional. The child was directly observed every fifteen minutes and the observation recorded in the consumer's clinical record. WAC 388-865-0546 (2)		0		
If the restraint or seclusion exceeded twenty-four hours, the consumer was examined by a licensed physician. The facts determined by his or her examination and any resultant decision to continue restraint or seclusion over twenty-four hours was recorded in the consumer's clinical record over the signature of the authorizing physician. This procedure must be repeated for each subsequent twenty-four hour period of restraint or seclusion. WAC 388-865-0546 (3)		0		
E&T Documentation and Treatment Planning				
There is evidence the plan was developed collaboratively with the consumer (consider if client is voluntary/involuntary). 388-865-0547 (2)		0		
The record contains copies of advance directives, powers of attorney or letters of guardianship provided by the consumer. 388-865-0547 (3)		0		
There is a discharge plan including plan for follow-up where appropriate. 388-865-0547 (4)		0		

There is documentation of the course of treatment. 388-865-0547 (5)		0		
Involuntary Consumers: There is documentation of daily contact with a MHP for the purpose of observation, evaluation, release from involuntary commitment to accept voluntary treatment, and discharge from the facility to accept voluntary treatment upon referral. 388-865-0547 (6)		0		
Dangerous mentally ill offenders under RCW 72.09.370(7), the professional person in charge of the evaluation and treatment facility considered filing a petition for a ninety day less restrictive alternative in lieu of a petition for a fourteen-day commitment. 388-865-0547 (7)		0		
Consumer Rights and Medication Rights				
General E&T Rights: There is documentation that the consumer was informed of their rights pursuant to WAC 388-865-0561 (see rights sheet)		0		
Med Rights: (a) The prescriber attempted to obtain informed consent for medications. 388-865-0570 (1)		0		
(b) The consumer was asked if he or she wishes to decline treatment during the twenty-four hour period prior to any court proceeding wherein the consumer has the right to attend and is related to his or her continued treatment. 388-865-0570 (1)		0		
(c) Of the reasons why any anti-psychotic medication is administered over the consumer's objection or lack of consent. 388-865-0570 (1)		0		

<p>If the physician administered anti-psychotic medications over a consumer's objections or lack of consent all of the following were present: A second opinion is documented OR, an emergency existed requiring the involuntary medication (likelihood or hard to self/others, AND no alternative to anti-psychotic medications). 388-865-0570 (2)</p>		0		
Children: Special Considerations				
<p>Is there documentation that a Children's MH Specialist evaluated the child within 24 hours of admit? WAC 388-865-0575 (3)</p>		0		
<p>If child was voluntarily admitted without parent consent, the parent is notified within 24 hours of admit. WAC 388-865-0575 (8)</p>		0		
<p>The child was evaluated by the facility, including the need for CD treatment, need for restricting the right to communicate with parents. WAC 388-865-0575 (10)</p>		0		
<p>The child was advised of their rights in accordance with RCW 71.34. WAC 388-865-0575 (10)</p>		0		
<p>Information concerning treatment of the child was only disclosed only in accordance with RCW 71.34.340 WAC 388-865-0575 (16)</p>		0		



PENINSULA RSN

PROVIDER MONITORING POLICIES AND PROCEDURES

Policy Name: PERIODIC REVIEW OF RESIDENTIAL PROGRAMS

Policy Number: 9.06

Reference: DSHS contract

Effective Date: 8/2009

Revision Date(s): 11/2010

Approved by: PRSN Executive Board

CROSS REFERENCES

- Form: Residential Chart Review Tool, Baseline
- Form: Residential Review Tool, Baseline
- 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 mental health residential facilities consistent with contract requirements and state and federal regulations.

DEFINITIONS

For the purposes of this policy, a mental health residential facility within PRSN means either an Adult Residential Treatment Facility or a Boarding Home operated by a PRSN provider using PRSN funding.

Adult Residential Treatment Facility means a Mental Health RTF licensed by the Department of Health and certified by DSHS to operate within the service category Adult Residential Treatment as defined in chapter 388-865 WAC.

Boarding Home means any home or other institution, however named, which is advertised, announced, or maintained for the express or implied purpose of providing

housing, basic services, and assuming general responsibility for the safety and well-being of the residents, and may also provide domiciliary care, consistent with this chapter to seven or more residents.

PROCEDURE

1. The PRSN shall conduct periodic reviews of the mental health residential treatment facilities located within the region that are currently certified by the Department of Social and Health Services (DSHS) and licensed by the Department of Health (DOH). PRSN will, when applicable:
 - Ensure all services provided are covered under a current DSHS issued certification.
 - Ensure all services provided are covered under a current DOH issued license.
2. The PRSN shall review each facility's policies and procedures to:
 - 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. A residential program may be asked to demonstrate/ provide evidence of how a policy is implemented.
 - Implement a baseline review tool for the residential facility and clinical charts of individuals residing within a program.

The PRSN will conduct annual reviews of the residential facility and clinical charts. The review tool will be revised, as needed, to incorporate a more focused review, programmatic changes and/ or current compliance concerns.
3. If the PRSN becomes aware that a facility is 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 residential programs, in addition to:
 - Annual PRSN Provider and Subcontractor Administrative Review
 - Annual chart review of consumers receiving treatment at a mental health residential facility
 - 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.

PRSN Residential Chart Review Tool

Client ID				
PRSN Reviewer				
Date of Review				
Primary Outpatient Clinician				
Axis 1				
Axis 2				
GAF				
Questions	Actual Score	Possible Score	Percentage	Comments
Is there a current PARS in the system?				
Is there adequate documentation to support admission to the facility?				
Is there evidence in the progress notes that there is ongoing contact between the primary outpatient clinician and the staff at the residential facility?				
Does the treatment plan have an objective on it related to the client's stay at the residential facility?				
Is there a discharge plan for the resident?				
Is the resident involved in activities in the facility?				
Is there evidence in the record that efforts are being made to help the resident learn independent living skills in order to allow him or her to move to a lower level of care?				
Does the record indicate that outpatient staff were notified of any incidents noted in the record?				
Is the individual's voice incorporated into his/her care at the facility?				
Is 24 hour care at a residential facility appropriate for the current functioning level/symptomatology?				

Peninsula Regional Support Network
Residential Facility Review Tool

MH Agency/Facility:

PRSN Reviewer:

Date:

Name(s) and title(s) or Staff Providing Information:

	Facility Review Questions	Y	NI	N	Comments
1	How is it decided who is admitted? What is the process and who makes the final decision? What is the process if a clinician believes his or her client needs this level of care?				
2.	Is there a waiting list for the facility? If so, how is it kept up to date, and how is it used? Which clients receive priority? Do clients in an E and T or WSH receive priority over those in the community? How do they ensure equal access to the service/facility?				
3	Does the facility take clients from other agencies in the region? If so, under what circumstances? Does the other agency pay for the service? Would they be more likely to take those from other agencies if that agency paid for the cost?				
4	What is the average length of stay? Do they limit stays of clients from the time of admission (e.g do they let residents know how long they will be expected to stay?)				
5	Are there discharge plans for the residents? How often do they review client's readiness for discharge?" Who reviews it?				
6	How is care coordinated with the outpatient clinician for the client?				
7	How do they help residents become more independent so that they can move to a less intensive level of care?				
8	Do they take clients as "crisis bed" residents for short amounts of time? If so, explain the process. How do they document the service (e.g. crisis stabilization?)				
9	How are medications prescribed for clients? Does a prescriber come to the facility or do residents go to outpatient appointments?				
10	Boarding homes assist clients in "self-administering" medications (according to WACs.) What is their system for monitoring medications? How do they assist clients in becoming more independent in taking their meds(e.g. lockboxes for some individuals to use to get his/her meds)				
11	What activities do they offer clients? Do clients have chores, tasks that are expected of them? What rules are enforced; do residents have input into the rules of the facility? How is resident voice incorporated into the running of/management of the facility? ...into his or her treatment at the facility?				
12	What is the client/staff ratio? What is the training or degree level of the staff? What kind of training do they provide to residential staff other than what is				

	Facility Review Questions	Y	NI	N	Comments
	required by the Boarding Home WACs?				
13	How is an emergency or a problem that could escalate into an emergency after-business hours handled (e.g. what is the protocol/who do staff call/what options are there for staff ?)				
14	What else is important for the reviewers to know about this facility?				

Additional comments, suggestions, or recommendations



PENINSULA RSN

PROVIDER MONITORING POLICIES AND PROCEDURES

Policy Name: STANDARD CHART REVIEWS

Policy Number: 9.07

Reference: WAC 388-865-0280(3)(b)

Effective Date: 8/2004

Revision Date(s): 12/2011

Approved by: PRSN Executive Board

CROSS REFERENCES

- Plan: Quality Management Plan
- Policy: Corrective Action Plans
- Tool: Standard Chart Review Tool
- Tool: Crisis Chart Review Tool

PURPOSE

The purpose of the Peninsula Regional Support Network (PRSN) chart review process is to monitor compliance with Washington Administrative Codes (WAC) and contract requirements as well as to give feedback to providers on quality of service delivery.

PROCEDURE

1. The PRSN staff will conduct a total of 500 chart reviews each fiscal year.
2. Information collected from the chart reviews will be entered into a database that will yield reports specific to each provider.
3. Providers will be asked to develop a corrective action plan for chart review items that average below 90 percent in the reviews unless the sample size is too small to warrant such action. It is understood that some deficiencies in charts cannot be fixed and this is to be noted by the provider as part of the corrective action.

MONITORING

1. This policy is a mandate by contract and statute. This policy will be monitored through use of PRSN:
 - Monthly Provider Chart Reviews
 - Quality Management Plan activities, such as reviewing targeted issues for trends and recommendations.
 - Review of previous provider corrective action plans, including provider profiles related to performance on targeted indicators.

2. If a provider performs below expected standards during the quarterly review listed above a Corrective Action will be required for PRSN approval. Reference PRSN Corrective Action Plan Policy.

PRSN Review Tool: Intake and Reauth

Review Period	
PRSN Reviewer	
Provider	
Client ID	
Axis 1	
Axis 2	
Axis 3	
GAF	

Intake Requirements (Do on Intake Reviews ONLY)

Date of Request for Services		
Date of Intake		
Days Between Request and Intake	0	
Date of First Routine service		
Days Between Request and First Routine Service	0	
Enter 1 if the service occurred within 28 days, 0 otherwise		

	Score	Possible Points	Percentage	Comments
If routine service did not occur within 28 days there is adequate documentation explaining why (zero, 2, or n/a)		0		Performance Measure
The intake was completed by a Mental Health Professional		0		
The intake includes the presenting problem as described by the individual.		0		
There is sufficient information to demonstrate medical necessity.		0		
The intake includes sufficient clinical information to justify the provisional diagnosis using diagnostic and statistical manual (DSM) criteria.		0		
The intake includes a recommendation of a course of treatment.		0		
The intake includes input from people who provide active support to the individual, if the individual so requests, or if the individual is under thirteen years of age.		0		

The intake is culturally and age relevant.		0		
The intake includes the current physical health status, including any medications the individual is taking.		0		
If the individual does not have a PCP, they are referred to one. If there is a PCP, the name is documented.		0		
The intake documents any disabilities or special needs.*		0		
The intake documents history of substance abuse and treatment.*		0		
The intake documents any previously accessed inpatient or outpatient services and/or medications to treat a mental health condition.*		0		
The intake includes information about past or current trauma and abuse.		0		
The intake includes a description of the individual's strengths and resources.*		0		
There is a description of the individual's self-identified culture.*		0		
The intake indicates whether they are under the supervision of the department of corrections.		0		
There is an identification of risk of harm to self and others, including suicide/homicide;		0		

* Not required in intake. Can be included in Clinical Documentation at a later time.

Clinical Documentation (Intakes Only)

Client signature indicates he or she received the PRSN Consumers Rights (outpatient), Consent for Treatment, and Grievance/ Complaint forms.		0		
If interpreter services are needed there evidence in the progress notes they are provided		0		
The GAIN-SS is completed and in the record.		0		
Client signature indicates he or she was given information regarding Advance Directives, and was asked if he/she had one.		0		
WAC 388-865-0430 (3) Documentation that the provider requested a copy of and inserted into the clinical record if provided, any of the following: (a) Mental health advance directives; (b) Medical advance directives; (c) Powers of attorney; (d) Letters of guardianship, parenting plans and/or court order for custody; (e) Least restrictive alternative order(s); (f) Discharge summaries and/or evaluations stemming from outpatient or inpatient psychiatric services received within the last five years, when available.		0		

Release of Information completed for collateral and natural supports who are identified on the Intake or current progress notes, or there is documentation that consent has been refused. (not required to have a signed ROI for PCP in order to coordinate care)		0		
If information has been released, there is a current release of information on file consistent with HIPAA requirements for authorizing the disclosure.		0		
If the client did not receive a first routine appointment within 28 days, engagement efforts were adequate and appropriate to the Consumer		0		
Clinical Documentation (All Charts): Six Months Documentation Unless Otherwise Indicated				
IF Applicable, documentation that services are provided by or under the clinical supervision of a mental health specialist (IF MEETS SPECIAL POPULATION REQUIREMENTS)		0		<u>ONLY SCORE IF A CHILD OR SPECIAL POPULATION</u>
The clinical record indicates objective progress toward established goals as outlined in the treatment plan; and		0		
IF applicable The clinical record indicates how any major changes in the individual's circumstances were addressed.		0		
IF applicable, documentation that any mandatory reporting of abuse, neglect, or exploitation consistent with chapters 26.44 and 74.34 RCW has occurred;		0		
IF applicable, documentation that the department of corrections was notified by the provider when an individual is on a less restrictive alternative.		0		
There is documentation that the consumer and/or family members, and natural supports (with permission from the consumer) were provided information and education about the consumer's illness.		0		
Notes identify treatment goal being addressed, and this goal is reflective of treatment plan.		0		
The notes document the consumer's current clinical/mental status.		0		
There is evidence in the clinical record that that the provider has supported consumer employment, education or participation in other daily activities appropriate to their age and culture;		0		
IF applicable, referrals were made to other needed services and supports, including treatment for co-occurring disorders and health care;		0		

There is documentation to explain any interruption or gap in service of 3 months or longer.		0		
REAUTH ONLY Communication with PCP has occurred within the last year either by sending medical notes, by documenting phone conversations, or by requesting notes from the PCP. (score only 2 or 0)		0		Reauth Only/Performance Measure
Medical Services Documentation (Consumers Receiving Medication Services Only)				
There is evidence of a psychiatric evaluation and it is reflective of why medication is prescribed.		0		
Medical progress notes include date, duration, type of service, and are signed, credentialed and legible.		0		
There is documentation that the consumer was given information about the medication(s) prescribed which included possible side effects, and it was provided in language understandable to the consumer.		0		
The clinical/medical record contains both the name and purpose of the medication prescribed, and clinical support for any change in medication and/or dosage.		0		
Effects and side effects of prescribed medications, as well as any interactions between medications, are documented in the record.		0		
The medications prescribed have been reviewed by the prescriber at least every 3 months.		0		
Treatment Planning (All Charts)				
The plan was initiated with at least one goal identified by the individual, or their parent or other legal representative if applicable, at the first session following the intake evaluation.		0		<u>INTAKE ONLY</u>
The full plan must be developed within thirty days from the first session following the intake evaluation.		0		<u>INTAKE ONLY</u>
Includes documentation that the individual service plan was reviewed at least every one hundred eighty days. It should also be updated to reflect any changes in the individual's treatment needs or as requested by the individual, or their parent or other legal representative if applicable.		0		<u>REAUTH ONLY</u>
The 180 day review includes a comprehensive assessment of the consumer's needs. Note: For 2011-12 we are determining if the 180 day update in treatment plans is sufficient to meet the requirement. (EQRO finding: "More than 2/3 of the charts reviewed reflected comprehensive assessments that were more than two years old, and nearly one-third were more than five years old")		0		<u>REAUTH ONLY</u>
The plan includes consumer strengths.		0		N/A if no treatment plan

The individual plan addresses the specific needs of this consumer. These are the needs that have been raised by the consumer, consumer supports, and the clinician in the intake and over the course of treatment. If there is a need identified in the chart, there is a corresponding goal or objective, or documentation as to why the need is not being addressed.		0		N/A if no treatment plan
Demonstrates the individual's participation in the development of the individual service plan using quotes from the individual. 0 = No evidence, 1 = Quotes in review only, 2 = Quotes in treatment plan problem statement or goal.		0		N/A if no treatment plan
Uses language and terminology that is understandable to individuals and their family.		0		N/A if no treatment plan
Includes treatment goals or objectives that are measurable and that allow the provider and individual to evaluate progress toward their identified recovery goals.		0		N/A if no treatment plan
Identifies medically necessary service modalities, mutually agreed upon by the individual and provider, for this treatment episode.	n/a	0		N/A if no treatment plan
Addresses age, cultural, or disability issues identified by the individual, or their parent or other legal representative if applicable, as relevant to treatment.		0		N/A if no treatment plan
With the individual's consent, coordinates with any systems or organizations the individual identifies as being relevant to the individual's treatment. This includes coordination with any individualized family service plan (IFSP) when serving children under three years of age.		0		N/A if no treatment plan
The person has a crisis plan (2 if yes, 0 if person meets PRSN criteria for crisis plan requirements but does not have one. Otherwise, N/A if not required)		0		Adult: Any of these in last 2 years: Inpatient stay, suicide attempt, violent act; Or, ITA eval in last 6 months; Or, current S/I or H/I; Or in residential services; Or assigned clinician/assessor believed it is necessary. Child: Same as above or child's living situation is at risk.
N/A if not present. If present, does the crisis plan describe interventions that include resources of 1) the individual (such as coping skills), 2) natural supports (i.e. friends family, neighbors), and 3) institutional/systems (i.e. calling crisis clinic) as appropriate?		0		
As clinically relevant, the individualized service plan identifies medical concerns and plans to address them. PIHP Provider Contract 12.8.2		0		N/A if no treatment plan
Utilization				
Assigned Level:				
Authorization Period:				
There is a current, active PRAT for the client in the data system.		0		

<p>If the current PRAT is an initial one completed upon client enrollment, rate this item. Assigned Level is appropriate for client's diagnosis, GAF/CGAS score, symptomatology, and service needs and adheres to the guidelines in the current PRSN's Levels of Care.</p>		0		Intake Only
<p>If the current PRAT is for a continuing/renewed benefit, rate this item. Assigned level is appropriate for client's diagnosis, GAF/CGAS score, symptomatology, and service. Criteria used to determine re-authorization of an existing benefit adheres to guidelines in current PRSN Levels of Care. Continuation of service at assigned level is justified by documentation in chart of the client's clinical presentation as described in the treatment notes.</p>		0		Reauth Only
<p>If either 2a or 2b scored under 2 (the PRAT is "inappropriate,") score the following section.</p>		0		
<p>Enter "1" if level should be higher, otherwise leave blank</p>		0		
<p>Enter "1" if level should be lower, otherwise leave blank</p>		0		
<p>The frequency of service and type of service utilized is the best fit for this client, given the documented description of their clinical presentation in the treatment notes, and in the intake if it was completed within the previous year.</p>		0		Note: Can be used to indicate under/over utilization, even when the PRAT is adequate.
EPSDT (Complete this section if client is under age 21)				
<p>Evidence that facilitation of EPSDT services occurred for all children (0-21) adhering to the periodicity schedule, while brokering with multiple system providers to meet the identified needs of the child/family.</p>		0		
<p>Documentation exists that demonstrates communication with referral source (EPSDT medical provider), specifically written notice provided that includes at minimum: date of intake, diagnosis and level of care assignment.</p>		0		
<p>Written notification to child's medical provider (for children referred without EPSDT) requesting that documentation be provided that a Healthy Child screening has been completed or that one will occur. NA if client does not have a PCP.</p>		0		
<p>If no medical care provider is identified by enrollee, then a copy of EPSDT rights contained in the MHD benefits booklet is provided as well as assistance with selection/accessing of medical provider. NA if client has PCP.</p>		0		
<p>Develop an Individual Service Team (IST) including identified formal systems and natural supports for children authorized for Level II services and involved in two or more service systems (cross-system involved.)</p>		0		
<p>There is a cross-system Individual Service Plan (ISP) which addresses overall needs of both the child and family across life domains for cross-system Level II clients.</p>		0		
Community Support (LRA) Scores (Only Consumers on LRAs)				
<p>Either the individual service plan or a separate plan specifically addresses the conditions of the LRA order and plan for transition to voluntary treatment. WAC 388--865-046, 1d</p>		0		

Consumer has signed LRA rights. WAC 388-865-0466, 1a		0		
If the consumer is on a 90-day or a 180-day LRA, the consumer has been evaluated monthly by an MHP with regard to release from or continuation of an involuntary treatment order. WAC 388-865-0245, 2a		0		
Other Comments:				
<p style="color: red;">Add additional comments here:</p>				

PRSN Review Tool: Crisis Services

Review Period	
PRSN Reviewer	
Provider	
Client ID	
Date of Service	
Age Demographic (Adult/Child)	

Access to Crisis Services (All Reviews)

	Score	Possible Points	Percentage	Comments
Emergent care occurs within 2 hours. (if there was a delay code, describe in comments section)		0		
Urgent care requested services occur within 24 hours from the request of service.		0		

Clinical Record (All Reviews)

If the consumer has an Advance Directive, it is followed as nearly as possible considering the circumstances.		0		
Did follow-up services recommended by the crisis worker/DMHP occur as evidenced by documentation?		0		
The outcome of the intervention/crisis response is clearly documented.		0		
Evidence of collaboration with consumer and others identified by the consumer as needed.		0		
Is there appropriate referral/coordination with other systems/settings?		0		
There is a written plan delineating how to resolve the crisis if the client was not hospitalized. N/A if person was hospitalized.		0		

Were safety needs and risk factors adequately addressed?		0		
Were services provided in the least restrictive setting?		0		
Inpatient Justification and Follow-up (Inpatient Reviews Only)				
Was the person detained or hospitalized voluntarily, or was an LRA revoked?				
If the person was willing to go to the hospital, but was detained, there is adequate justification for not allowing him/her to go voluntarily?		0		
Is the presence of a mental disorder adequately justified?		0		
Is the cause for detention/hospitalization adequately identified?		0		
Less restrictive alternatives were adequately investigated and documented.		0		
Contact with the liaison or hospital treatment team occurs within three working days of an enrolled consumer's admission to the hospital.		0		
Appointment is offered to consumer for face to face contact within 7 days of discharge from inpatient services.		0		
If a request for inpatient services has been denied by the PRSNs ASO (CommCare,) the denial is reviewed by a physician within 3 working days.		0		
Additional Questions (High Utilizer Reviews Only)				
Were services between hospitalizations adequate to the person's needs?		0		
Did the person have a follow-up medication management appointment?		0		

The person has a crisis plan (2 if yes, 0 if person meets PRSN criteria for crisis plan requirements but does not have one. Otherwise, N/A)		0		Adult: Any of these in last 2 years: Inpatient stay, suicide attempt, violent act; Or, ITA eval in last 6 months; Or, current S/I or H/I; Or in residential services; Or assigned clinician/assessor believed it is necessary. Child: Same as above or child's living situation is at risk.
N/A if not present. If present, does the crisis plan describe interventions that include resources of 1) the individual (such as coping skills), 2) natural supports (i.e. friends family, neighbors), and 3) institutional/systems (i.e. calling crisis clinic) as appropriate?		0		
If the client has a crisis plan, is there evidence it was utilized?		0		
Is discharge prolonged due to difficulty securing appropriate placement? (for example specialized care: Geriatric, DD, Foster Care)		0		
Have intensive community based treatment modalities been fully exhausted?(i.e. wraparound, PACT)		0		

Other Comments:

Add additional comments here:

PRSN Review Tool: Zero Prats/Consumers Not Authorized for Care

Review Period				
PRSN Reviewer				
Provider				
Client ID				
Axis 1				
Axis 2				
GAF				
	Score	Possible Points	Percentage	Comments
The intake was completed by a Mental Health Professional		0		
The intake includes the presenting problem as described by the individual.		0		
There is sufficient information to demonstrate that medical necessity is not met.		0		
The intake includes sufficient clinical information to justify the provisional diagnosis using diagnostic and statistical manual (DSM) criteria.		0		
The intake includes a recommendation of a course of treatment. If the consumer is in need of non-RSN services, appropriate referrals are made.		0		
The intake includes input from people who provide active support to the individual, if the individual so requests, or if the individual is under thirteen years of age.		0		
The intake is culturally and age relevant.		0		
The intake includes the current physical health status, including any medications the individual is taking;		0		
There is an identification of risk of harm to self and others, including suicide/homicide;		0		
Assigned Level (Not Authorized for Services) is appropriate for client's diagnosis, GAF/CGAS score, symptomatology, and service needs and adheres to the guidelines in the current PRSN's Levels of Care.		0		

Other Comments:

Add additional comments here:

PRSN Review Tool: Supported Employment

Review Period				
PRSN Reviewer				
Provider				
Client ID				
Axis 1				
GAF				
	Score	Possible Points	Percentage	Comments
The clinical record contains a vocational assessment including work history, skills, training, education, and personal career goals.	-	0		
The clinical record specifically addresses how employment will affect the income and benefits the consumer is receiving because of their disability. If any of these pose barriers, the choices and resolutions are discussed.	-	0		
There is documentation that the clinician is actively involved in creating and revising job/career plans specific to this individual consumer.	-	0		
There is documentation that the clinician is assisting the consumer in finding employment opportunities that are consistent with the consumer's skills, goals, and interests.	-	0		
IF required, the clinician is assisting the consumer with supported employment opportunities which may include outreach, job coaching and support in a normalized or integrated work site.	-	0		
IF appropriate, the clinician is communicating/coordinates with the consumer's employer to support stable employment and negotiate reasonable accommodation in keeping with the Americans with Disabilities Act and the Washington State Anti-Discrimination law.	-	0		
IF the Division of Vocational Rehabilitation is OR should be involved with this consumer, the clinician is coordinating those services with/for this consumer.	-	0		
IF the state employment services are OR should be involved with this consumer, the clinician is coordinating those services with/for this consumer.	-	0		
IF the business community is OR should be involved with this consumer, the clinician is developing/coordinates potential services with/for this consumer.	-	0		
IF job placement services are OR should be involved with this consumer, the clinician is coordinating those services with/for the consumer.	-	0		



PENINSULA RSN

PROVIDER MONITORING POLICIES AND PROCEDURES

Policy Name: QUALITY REVIEW TEAM (QRT)

Policy Number: 9.08

Reference: WAC 388-865-0282; DSHS Contract

Effective Date: 7/2005

Revision Date(s): 7/2008

Approved by: PRSN Executive Board

CROSS REFERENCES

- Plan: Quality Management Plan
- Policy: Corrective Action Plans

PURPOSE

The Peninsula Regional Support Network (PRSN) assures that a Quality Review Team (QRT) is established and maintained, and does so as a committee of the Advisory Board with administrative support provided by the PRSN. Further, the QRT functions are separate and discrete from those of the Ombuds person. In further accordance with WAC 388-865-0282 and the contract established with the Mental Health Division (August 17, 2001), the PRSN established policies and procedures which outline the size, appointment, removal and tenure, and decision making process of the QRT.

PROCEDURE

Independent Execution of Duties and Membership

It is the policy of the PRSN to assure the independent execution of the QRT duties, and affirm that no measures or actions will be taken which might threaten, intimidate or otherwise diminish the QRT independent function, so long as the QRT acts in a legal manner and conforms to the requirements of the PRSN/ DSHS contracts.

1. Appointment and Size: The QRT and its chair are appointed by the chairperson of the Advisory Board, with appointments approved by the PRSN Advisory Board. At least two members from the Advisory Board, as well as additional

members from consumer and advocacy groups in the region shall be appointed and the committee shall total at least five and no more than ten people.

2. Representation: The QRT shall have membership representative of the demographics of the region.
3. Tenure and Removal: Appointments to the QRT shall be for a period of two years. Membership shall terminate upon resignation or removal from the Advisory Board. Members may be appointed for additional terms.

Purpose and Responsibility

It is the policy of the QRT to monitor and evaluate the efficiency, effectiveness and benefits of services for people with mental illness within the region.

1. The purpose of the PRSN QRT is to:
 - a. Assist the PRSN in its quality assurance process.
 - b. Provide a check and balance system to ensure that targeted individuals receive appropriate levels of quality care.
 - c. Collect information and make recommendations which will assist consumers to have their needs met and their welfare protected.
 - d. Visit, assess and evaluate PRSN services and the services of PRSN subcontractors regarding:
 - The system for quality of care.
 - The degree to which services are consumer focused/directed.
 - The extent of development of alternatives to hospitalization, cross system coordination and range of treatment options.
2. It is the responsibility of the PRSN QRT, with administrative support to:
 - a. Meet regularly to conduct QRT business, no less than quarterly.
 - b. Record the agenda, minutes, plans, and conclusions of its meetings.
 - c. Visit and review service provision sites.
 - d. Collect such information as is necessary to make recommendations that will assist consumers to have their needs met and welfare protected.
 - e. Report recommendations to the PRSN.
 - f. Maintain client confidentiality.

- g. Involve representatives of under served groups in developing recommendations that affect such groups.
 - h. Undertake such other review as is deemed appropriate to fulfill its purposes.
 - i. Participate in Advisory Board meetings no less than quarterly.
3. The QRT has the authority to:
- a. Evaluate the Contractor's relationships and cross system activities including but not limited to schools, state and local hospitals, jails and shelters.
 - b. Enter and monitor any state or community psychiatric hospital or ward providing psychiatric care coordination with the Contractor or the Department to resolve systemic issues provided reasonable time notice and confidentiality concerns are met.
 - c. Monitor the PRSN and its subcontractors Quality Management Plan implementation.

State Training

It is the policy of the QRT that its members attend state sponsored training, as available, within three months of appointment, and quarterly training meetings as available thereafter in accordance with WACs and DSHS /PRSN contracts.

- 1. Upon PRSN receipt of notice of training events no less than four weeks in advance of training from the Department, the PRSN staff will notify all QRT membership of the training availability.
- 2. QRT membership, with the assistance of PRSN support staff, will arrange to attend trainings.
- 3. QRT membership attending trainings will be reimbursed at the usual and customary rate for PRSN staff per Kitsap County Policies and Procedures for their travel and expenses (lodging and meals).

Information Collection

It is the policy of the PRSN QRT to address mental health service delivery system issues and service delivery issues in order to support the PRSN and QRT purposes and fulfill its responsibilities.

- 1. The PRSN QRT will collect information regarding system and policy issues by:

- a. Holding open forums in each catchment area to which the public is invited and asked to provide input regarding local services, focusing on addressing system issues and information.
 - b. Reviewing information including PRSN prepared semi-annual or quarterly reports; PRSN Self-Evaluations; PRSN site visit monitoring reports; or other policies, plans or materials as is deemed necessary to fulfill its function.
2. The PRSN QRT will collect information regarding service delivery issues by:
- a. Welcoming input from interested consumers, service providers, the PRSN, Ombuds staff and the Department regarding problems of access to services and/or quality of care improvement
 - b. Reviewing data submitted by providers to the PRSN;
 - c. Making independent annual site visits to providers in which:
 - Providers identify processes and practices of service delivery.
 - Interviews regarding QRT areas of interest or concern are held.
 - Information helpful to the QRT purpose and responsibilities is collected.
 - d. Reviewing information compiled by the PRSN staff during site reviews including Corrective Action Plans.

Recommendations

It is the policy of the QRT to fulfill its reportorial responsibilities in a timely manner. The QRT will:

1. Prepare and present an annual written report to the PRSN Executive Board.
2. Prepare and present to the Advisory Board reports of its findings as made.
3. Prepare and present to the PRSN written report of information and findings relative to materials review within 30 days of said review and as follows:
 - a. Review findings will be maintained in general confidentiality until they have been submitted to the PRSN and response generated.
 - b. The PRSN will have thirty (30) days within which to prepare and deliver its written response.
4. Prepare and present to the PRSN and Advisory Board a written report of provider site visit information and findings as follows:

- a. Information and findings will be maintained in general confidentiality until they have been submitted to the provider and a response generated;
 - b. Providers will have thirty (30) days within which to prepare and deliver a written response and/or will follow policies and procedures governing Compliance, Monitoring and Non-Compliance including the fulfillment of Corrective Action Plans as identified in the PRSN Policies and Procedures, which ever is more restrictive.
5. The Chair of the QRT will be responsible for collecting, assessing and reviewing the information, from which the report is compiled with assistance from the membership, and will compile and deliver legible reports within identified time periods; or may, upon agreement from the membership and the PRSN, delegate such duties to a member of the QRT. Assistance may be afforded by the PRSN.

**PRSN
Quality Review Team (QRT) Reviews
Pre, On-Site, and Post Review Activities**

Pre-Review Activities

1. Consumer & Parent Satisfaction Surveys -Study of current and past year
2. PRSN Ancillary Provider Surveys- Study of current and past year
3. Ombuds reports- shares trends and areas of concern
4. PRSN staff reports-
 - a. summarizes agency strengths and current challenges
 - b. agency performance reports documenting numbers of consumers, by age groups, minority status, and service hours
 - c. distributes the most recent agency financial audits submitted to PRSN
5. QRT members- share information about agency services identified from their individual advocacy and family/ consumer reports.
6. QRT discuss, identify, and prioritize the providers from the “Optional Ancillary Providers” list.
7. QRT, Ombuds, and PRSN staff set preferred dates for on-site visit.
8. PRSN staff-
 - a. Notifies agency, schedules staff interviews and Clubhouse lunch
 - b. Invites designated Ancillary Providers (from “Standardized” and “Optional” lists), and schedules interviews with agency Directors or their designated contact
 - c. Reserves a QRT confidential Caucus location
 - d. Schedules room and meal accommodations for QRT
9. Local QRT member- contacts local NAMI to schedule Family and Consumer Forum

On-Site Activities

1. Family and Consumer Forum
2. Ancillary Provider Interviews
3. Agency Visit and Program/ Services Staff Interviews (includes Entrance Interview)
4. Lunch with consumers at Clubhouse
5. Caucus, Planning for Exit Interview

Post On-Site Report and Recommendations

1. QRT Chair drafts review report, sends report to QRT members for review and comment
2. PRSN staff sends final draft to agency Director for response within 30 days
3. QRT considers agency Director's comments and prepares a final report.
4. QRT members present the final report to PRSN Advisory Board with copies to Executive Board, PRSN staff, Ombuds, Network Providers, and the Department. Report is approved and made public information.

(Rev. 9/2005)

PRSN
PRSN QRT On-Site Review
Family & Consumer Forum: Policies and Protocols

Family & Consumer NAMI Forum

A local QRT member asks the local NAMI to schedule an evening for the forum and invites consumers and family members. A sign-in is provided. Agency mental health staff and newspaper reporters are requested to not attend.

Protocol

1. QRT Chair:
 - a. Asks QRT members, PRSN staff, and Ombuds to introduce themselves
 - b. Explains the purpose of the QRT
 - c. Distributes QRT pamphlets
 - d. Respectfully requests guests to sign-in
2. PRSN staff explains the role of PRSN
3. Ombuds explains the availability of Ombuds services

Questions

1. A Designated Lead QRT member will ask the following questions:
 - a. *“Can you tell us about services that have worked well?”*
followed by (each report) *“Did this happen in the last year?”*
 - b. *“Are there areas where the services have not been helpful?”*
followed by *“Did this happen in the last year?”*, *“Were the issues finally resolved?”*, and/or *“Did you talk to the Ombuds about this?”*
 - c. Designated Lead and other QRT members will ask follow-up questions.
2. QRT Chair thanks the group and adjourns

(Rev. 9/2005)

**PRSN
QRT Reviews
Ancillary Provider Interviews: Policies and Protocols**

Protocol

The PRSN staff schedules Ancillary Provider interviews with the QRT. The PRSN staff prioritizes the scheduling process using the QRT identified “Standardized Ancillary Providers” list, and the QRT identified “Optional Ancillary Providers” list (usually two providers). PRSN staff will use the priority assigned by QRT during the Pre-Review discussion.

FY 2009-2011 Standardized Ancillary Providers include (in no particular order):
Jails/ Law Enforcement, Schools, Hospitals, DCFS, Tribes/Minorities

FY 2009-2011 Optional Ancillary Providers include (in no particular order):
Senior Services, Homeless Housing, Juvenile Services facilities, Courts, other Children’s Services, Public Health, Sexual Abuse, Substance Abuse, Community Service Office.

Interviews will be confidential with 45 minutes or more scheduled for each.

Questions

1. QRT Chair will:
 - a. Greet and introduce Ancillary Provider representative
 - b. Ask QRT members, Ombuds, and PRSN staff to introduce themselves
 - c. Share QRT brochures
2. A Designated Lead QRT member will ask the following questions-
 - a. *“What is your agency’s primary mission?”*
 - b. *“What services does the Mental Health agency provide for shared clients?”*
 - c. *“What are some strengths you’ve observed the Mental Health agency demonstrating?” “...In working with the mutually shared clients?”*
 - d. *“What improvements are needed to better serve your shared clients?”*
3. The Designated Lead and other QRT members will ask follow up questions.
4. QRT Chair will thank the visitors, express appreciation for the representative’s time to meet with the QRT, and adjourn the meeting.

QRT Review Interview Worksheet

Ancillary Provider: _____

- 1) What is your agency's primary mission?

- 2) What services does the Mental Health agency _____ (insert name) provide for shared clients?

- 3) What are some of the strengths you've observed from the Mental Health agency _____ (insert name) demonstrating in working with the mutually shared clients?

- 4) What improvements are needed to better serve your shared clients?

Discussion Highlights:

DATE: _____

- Ancillary Provider Interview -

Findings:

Recommendations:

Notes:

**PRSN
QRT Reviews
Agency Visit: Policies and Protocols**

Welcome and Entrance Interview

1. The agency Administrative and Management Team. Information should include:
 - a. Updates on services and programs.
 - b. Report on the agency and community Disaster Plan, including proclaimed disasters and local emergency plans.
 - c. Organizational chart with agency staff program/team assignment.
 - d. Agency staff may arrange a tour for QRT to housing program or treatment facility/program.
2. See **Questions** below for QRT functions.

Interviews with Clinical Staff Teams

Protocol

1. The PRSN staff coordinates the scheduling process with the agency administrative staff using the QRT identified “Standardized Agency Programs” list, and the QRT identified “Optional Agency Programs” list (usually two programs).
2. PRSN staff will use the priority assigned by QRT during the Pre-Review discussion.
 - a. FY 2009-2011 Standardized Agency Programs include (in no particular order):
Crisis Outreach Services, Assertive community Treatment or Hospital Diversion Services, Medical Services (Psychiatrists, nurses, and medication monitoring staff), and Children’s Services.
 - b. FY 2009-2011 Optional Standardized Agency Programs include (in no particular order):
Residential Services, Employment/recovery Services, Tribes/Minority Services, Special Children's Services, Senior Services, Nursing Homes Teams, Co-Occurring Disorders, Day Treatment, Quality Assurance and Improvement Activities, and Access.
3. Meetings with agency service/program staff are scheduled for approximately 45 minutes to an hour. Program supervisors and management staff may attend these program team meetings, but are asked to not comment.

Questions

1. QRT chair will:
 - a. Ask QRT members, Ombuds, and PRSN staff to introduce themselves and share QRT brochures.

- b. Ask agency staff to introduce themselves and describe the services/program overview, and individual work responsibilities (if applicable).
 - c. Express the appreciation for the “good clinical work done and demonstrated.”
 - d. Explain the usefulness of consumer stories for illustrating clinical points.
2. A Designated Lead QRT member will ask the following questions:
 - a. *“Please share with us new services or approaches added within the past two years that promotes recovery within the program.”*
 - b. *“Would you tell us what two things you most enjoy about your work?”*
 - c. *“What would you change about community mental health, as it relates to your program/ service?”*
 3. Designated Lead and other QRT members will ask follow up questions.
 4. QRT chair expresses appreciation for services provided by the program/ service team, thanks agency staff for their time, and adjourns meeting.

Lunch with Consumers/Clubhouse

QRT members, Ombuds, and PRSN staff will socialize at lunch with consumers at the clubhouse to observe Client/Staff interaction and inquire about consumer satisfaction, client rights issues, and discuss local and statewide system concerns.

Exit Interview

Caucus Activity

1. A minimal of two hours will be scheduled with lunch, the last review day.
2. QRT will review all information from the Designated Lead members reporting for their areas.
3. QRT will decide on tentative recommendations to express during the agency Exit Interview.

Interview Protocol

1. The Designated Lead QRT members will comment on specific services/programs.
2. QRT Chair will give the tentative recommendations, appreciations, and adjourn.

(Rev. 9/2009)

QRT Review
Interview Worksheet
Entrance Interview

1) Please share with us new services and programs added within the past two years that promotes recovery.

2) Please provide us an overview of the agency and community disaster plan for proclaimed disasters as well as local emergency responses.

3) Agency organization chart (already in packet). Has the agency experienced any staffing challenges or re-organized since we were last here?

Discussion Highlights:

DATE: _____

- Staff Interview -

Recommendations:

Notes:

QRT Review
Interview Worksheet

Program Area: _____

1) Please share with us new services or approaches added within the past two years that promotes recovery within the program.

2) Would you tell us two things you most enjoy about your work?

3) What would you change about community mental health, as it relates to your program/service?

Discussion Highlights:

Findings:

DATE: _____

- Staff Interview -

Recommendations:

Notes:

PRSN QRT Code of Conduct

*As members of the Peninsula Regional Support Network Quality Review Team,
we agree to:*

1. We will support and encourage one another in a friendly manner.
2. We will reach out with compassion to all members regardless of gender, status, or ability.
3. We will defend the honor and integrity of all members, and we will rely on one another for support.
4. We will not gossip, slander, or tear each other down. We acknowledge that listening to gossip is engaging in it. (merged items)
5. If we are wronged by a member, we will confront him/her immediately with compassion and honesty.
6. We agree to an honest debriefing process at the end of each local QRT meeting/activity. (revised)
7. We will treat one another with respect and will treat one another as we would want to be treated.
8. We will respect ourselves, and we will aspire to live our lives with integrity.
9. We will work to cultivate our unique strengths and talents, and we aspire to use them in reaching our full potential.
10. We will take responsibility for our actions, and we will learn and grow from our mistakes.
11. We will act with generosity and compassion, reaching out whenever possible to help those in need.
12. We will work to serve and support our friends, families, and communities as role models and volunteers.
13. We are advocates and friends joined in the common goal of advocating and education in order to assist consumers in getting their needs met and their welfare protected. (revised)

Adapted from Washington Health Empowerment Network (WHEN) Code of Conduct.



PENINSULA RSN

PROVIDER MONITORING POLICIES AND PROCEDURES

Policy Name: QRT STIPEND & REIMBURSEMENT

Policy Number: 9.08h

Reference:

Effective Date: 1/2009

Revision Date(s):

Approved by: PRSN Executive Board

CROSS REFERENCES

- Form: PRSN QRT Stipend Claim Form (Attachment 1)
- Policy: Corrective Action Plan
- Policy: Notice of Action Requirements

PURPOSE

The Peninsula Regional Support Network (PRSN) has established a stipend for Quality Review Team (QRT) members in efforts to further reinforce recruitment, retention and commitment to fulfilling mission.

PROCEDURE

QRT members are eligible for the \$25.00 a day stipend for participation in regular scheduled QRT meetings, QRT on-site reviews and associated trainings.

The designated Chair of the QRT is also eligible for an additional \$25.00 stipend (total) per each QRT on-site review conducted, in consideration of the time devoted to development of final QRT written report associated for each review.

A QRT member must use the PRSN QRT Stipend Claim Form to request stipend reimbursement. See attachment 1

MONITORING

This policy is not required by contract. This policy is monitored through Kitsap County's internal auditing and accounting systems.

**PRSN
QRT Stipend Claim
Form**

Date	Activity	Location

# of activities	X \$25.00	= \$ total
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QRT Member

QRT Coordinator

PRSN Administrator

Kitsap County Financial Officer



PENINSULA RSN

PROVIDER MONITORING POLICIES AND PROCEDURES

Policy Name: QUALITY REVIEW TEAM RETALIATION

Policy Number: 9.09

Reference: DSHS and Provider Contracts

Effective Date: 6/2000

Revision Date(s): 9/2009

Approved by: PRSN Executive Board

CROSS REFERENCES

- Policy: Correction Action Plan

PURPOSE

The Peninsula Regional Support Network (PRSN) Quality Review Team (QRT) performs functions that may put themselves and/or family member consumers at risk for retaliation. The PRSN shall assure the QRT may perform its duties free from retaliation or threat of retaliation to any member or family member of a QRT member.

DEFINITIONS

Retaliation refers to any actions perceived as revengeful, grudgeful, or vindictive in nature.

PROCEDURE

1. There shall be no retaliation of any kind against a QRT member, or family member who, in fulfillment of his/her QRT responsibilities.
 - Examples of responsibilities include participation in a network provider on-site review, contributions to a review or report containing findings critical of an individual or group of individuals subject to the review and facilitating/participating in a QRT sponsored public forum.
2. If a QRT member, and/or family member, experiences any action perceived as retaliatory in nature (as defined above) from a PRSN network mental health

providers, subcontractor, ancillary community provider, or individuals members of the community, the QRT member will notify one of the following:

- QRT Chair
 - PRSN, Regional Administrator
 - DSHS Division of Behavioral Health and Recovery
3. The PRSN will make every effort to investigate and resolve any acts perceived as retaliatory in nature.
 4. The PRSN will participate, to the fullest extent, with an investigation facilitated by the Department or their formal designee.
 5. The PRSN may consult with the DSHS subcontractor, WIMRT, to adopt procedures to prevent retaliation or a noted trend of retaliation toward QRT members or their family members.
 6. The QRT members may modify this policy, upon QRT member consensus, as needed.

MONITORING

This policy is a contract mandate.

1. The PRSN will monitor this policy through the use of:
 - Annual PRSN Provider and Subcontractor Administrative Review
 - Biennial Provider Quality Review Team On-site Review
 - Quality Management Plan activities, such as review targeted issues for trends and recommendations
2. Due to the nature of this policy, policy monitoring activities and Corrective Action Plans may be individualized to address the threat of retaliation concerns.



PENINSULA RSN

PROVIDER MONITORING POLICIES AND PROCEDURES

Policy Name: PROVIDER AND SUBCONTRACTOR NON-COMPLIANCE PENALTIES

Policy Number: 9.10

Reference: DSHS and Provider Contract

Effective Date: 8/2004

Revision Date(s): 12/2011

Approved by: PRSN Executive Board

CROSS REFERENCES

- Policy: Correction Action Plan
- Policy: Monitoring of Contractors

PURPOSE

It is the policy of the Peninsula Regional Support Network (PRSN) to promote its mission through assurance of subcontract compliance and to consider the imposition of penalties on providers for noncompliance in accordance with state laws and regulations.

PROCEDURE

1. In the event that a provider or subcontractor fails to provide the PRSN with requested data, reports, statistics, schedules, or information; or files fraudulent reports; or fails to meet contractual terms, the PRSN may:
 - Provide a written notice to the provider identifying the area(s) of non-compliance and specifying redress.
 - Identify, as appropriate, the specific amount of time within which the provider may correct the area(s) without penalty.
 - In the event that the provider does not correct the area(s) within the specified amount of time, institute any or all of the following actions, under the PRSN contract with the provider:
 - a. Withholding payment.
 - b. Financial penalties.

- c. File a request with the Department to consider suspension, revocation, limitation, or restriction of licensure or certification.
 - d. File a request with the Department to consider refusal to grant licensure or certification.
 - e. Other PRSN action under chapter 71.24 RCW.
2. The PRSN may deny partial or full funding to providers based solely on findings of substantial noncompliance with the terms of the provider's contract.

MONITORING

1. The PRSN will complete an array of monitoring activities for each of its contracting entities every calendar quarter. Such monitoring activities shall be used to determine current contractor performance and their ability to meet contractual obligations prior to the close of the contract period. Areas in which a contractor's performance is substantively lower than expected shall require the submission of corrective action plans on the part of the contractor.
2. The PRSN will review and/or conduct on-site monitoring reviews of provider compliance regularly in accordance with the PRSN monitoring schedule, but may conduct a review outside of that schedule as the PRSN considers appropriate for oversight purposes. The site review will consider any or all areas of contract compliance.
3. The PRSN may, prior to the date of the monitoring activity report, inform the provider of any substantial noncompliance, either in the specific or the aggregate, which places the provider at risk of punitive action as noted in (1) above. Any such notification, if verbal, will be followed by a written memorandum generated within 36 hours of the verbal notification but which will not replace the monitoring report.
4. The monitoring report will report areas of compliance and those of non-compliance as well as suggestions which may be of assistance to the provider to support the PRSN mission.
5. In the event of areas of non-compliance, the report will request a Corrective Action Plan (CAP), generated by the provider in response to the report, for each item of provider non-compliance. Reference PRSN Corrective Action Plan.
6. The PRSN may deny partial or full funding to contractors and/ or subcontractors based solely on findings of substantial noncompliance as outlined within the terms of the contract.



PENINSULA RSN

PROVIDER MONITORING POLICIES AND PROCEDURES

Policy Name: CORRECTIVE ACTION PLANS

Policy Number: 9.11

Reference: DSHS and Provider Contract

Effective Date: 7/2005

Revision Date(s): 12/2011

Approved by: PRSN Executive Board

CROSS REFERENCES

- Plan: Quality Management Plan
- Policy: Provider and Subcontractor Non-Compliance Penalties

PURPOSE

The Peninsula Regional Support Network (PRSN) monitors contracted agencies according to the monitoring policy. The PRSN shall require contracted providers to develop corrective action plans when a provider is found to not be in compliance with the contract or when other monitored functions and services are found to be deficient.

PROCEDURE

1. Reasons the PRSN may request a Corrective Action Plan (CAP) include, but are not limited to the following:
 - The provider is found to be out of compliance with contract or working agreement requirements.
 - Provider performance is below the standard as outlined in the PRSN Quality Management Plan
 - A trend of sub-standard performance has been identified.
 - A problem exists that negatively impacts individuals receiving services.
 - The provider has failed to perform any of the contractually required mental health services.
 - The provider has failed to develop, produce, and/or deliver to the PRSN any requested statements, reports, data, data corrections, accountings, claims, and/or documentation.

- The provider has failed to implement corrective action required by the PRSN within prescribed time frames.
2. Corrective action plans developed by the provider must be submitted for approval to the PRSN within 30 calendar days of notification.
 3. Corrective action plans may require modification of any policies or procedures by the provider relating to the fulfillment of its contractual obligations.
 4. The PRSN may extend or reduce the time allowed for corrective action depending upon the nature of the situation.
 5. Corrective action plans are reviewed by the PRSN, which determines if they are acceptable.
 6. The Corrective Action Plan will include:
 - Date of the Plan
 - Identified item of non-compliance
 - Any specified actions specifically required by the PRSN
 - Any dates specified by the PRSN by which the provider must be compliant
 - Specific action(s) the provider proposes to bring the item into compliance
 - Specific goal(s) and/or outcome(s) the provider's action addresses
 - Date by which the action(s) will be completed
 - Date by which the goal(s) and/or outcome(s) will be attained
 - Proposed documentation evidencing completion of the action(s) and
 - Attainment of the goal(s)/outcome(s)
 7. Performance in the identified area is monitored by the PRSN to determine if the corrective action plan has been successfully implemented. If compliance and/or performance continues to be insufficient, the PRSN may:
 - Require a revised corrective action plan
 - Offer technical assistance to the provider
 - Reject the plan
 - Require the provider to obtain outside technical assistance
 - Following the corrective action steps included the subcontract, withhold payments and /or invoke financial penalties
 8. The PRSN may inform the provider of any substantial noncompliance, which places the provider at risk of punitive action. Any such notification, if verbal, will be followed by a written memorandum generated within 36 hours of the verbal notification.

MONITORING

This policy is mandated by contract and statute.

1. This policy is monitored through use of PRSN:
 - Annual PRSN Provider and Subcontractor Administrative Review
 - 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. If a contractor or subcontractor consistently performs below expected standards during a contract period, the PRSN has the option of imposing punitive action and/or financial penalties as outlined in the contract.

