

**JMHS Administrative Review Summary**  
**April 1-2, 2008**

Scoring range: 1-absent, 2-partially developed, 3-evidence of compliance

\* = PRSN recommendation

#	ITEM	SCORE	COMMENTS
<b>1. Administrative Services</b>			
a	Participation in local emergency/ disaster events Measure- Local FEMA Coordinator/ coordination efforts	2.5	Evidenced by review of detailed agency disaster plan. Agency participates in regional disaster planning meetings and has a designated safety officer. Safety meetings are part of the monthly QI meetings and documented in those minutes. Agency needs to hold disaster and fire drills and document their occurrence. <b>CAP required.</b>
b	Comply with PRSN Fraud and Abuse Plan Measure- Review agency Plan/ staff training	2	Evidenced by review of Compliance Plan, random staff interviews, meeting with agency Compliance Officer and personnel records review for training.  The agency was recently audited by the Attorney Generals Office due to a reported allegation earlier in the year. The reporting and auditing process accurately reflected the steps outlined in the agency Compliance Plan.  During the random staff interviews, a majority could not identify the agency Compliance Officer. <b>CAP required for agency refresher training.</b>
c	Comply with PRSN Grievance Policy Measure- Review agency Complaint policy, complaint file, and randomly contact complainants	1	Evidenced by review of policies, forms, and agency brochure.  The Complaint and Grievance forms were not easily accessible in the agency lobby. During the review period, the agency tracking file for filed and resolved Complaints and Grievances was not located.  Staff reviewed recent ITA evaluations to verify CAP related to documentation had been implemented. Documentation remained brief in the narrative documentation and did not reflect least restrictive alternatives explored, prior to the detention. <b>CAP required.</b>
d	Ombuds Information available Measure- Brochures and/or flyer in reception/	3	Evidenced by walk through of agency lobby and random staff interviews.

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	main lobby		
e	Comply with all applicable state and federal laws. Measure – Audit contract compliance and review policies and procedures.	3	Evidenced by review of JMHS Compliance Plan.
f	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.	3	Evidenced by walk through of agency. Posted Licensure included: : Business, DSHS, E&T and Insurance certificate
g	Comply with state and federal non-discrimination policies (such as <i>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</i> ), HIPAA, MHD-CIS Data Dictionary and DSHS Administrative policies. Measure – Review provider administrative policies and procedures	3*	Evidenced by review of various policies and employee handbook. Recommendation: Add the specific non-discrimination citations (information in parenthesis in left column) to the content of a policy.
<b>2. General Services</b>			
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)	3	Evidence by review of invoices/ payments made for 3 separate incidents of a local hotel room for purposes of crisis stabilization/ evaluation services.
b	Posted “Point to Your Language” sign Measure- Posted in reception/ lobby	3	Evidenced walk through of agency lobby.
c	Provide written Interpreter Services notifications in prevalent languages (PRSN Rights) Measure- Staff Interview #1	3	Evidenced by policy review, walk through of lobby (posted Client Rights), and random staff interviews.
d	Mechanism to ensure distribution of enrollee notification of applicable changes in state law upon receipt. (New WACs- intake assessments) Measure- Review agency policy and evidence	3	Evidenced by policy review. There have been no recent changes to state law requiring enrollee notification.
e	Advanced Directives written information is available (42 CFR 438.6.i.3, PRSN Rights) Measure- Review written information and how information is distributed, new brochure dated 2/08 and internal agency tracking system.	2.5	Evidenced by a walk through of the lobby (brochures were not easily accessible), monthly chart reviews, and random staff interviews. Chart review feedback and staff interviews indicate a lack of knowledge/ use of Advance Directives. Agency must ensure that all clients receive information about Advance Directives and document their receipt with client's signature. <b>CAP required.</b>
f	Psychological assessments and services are made available. Measure- Review chart(s) of examples, verify staff specialists list for internal resources	3	Evidenced by a psychological evaluation for one client conducted by one of their staff members who has a Ph.D. Agency is aware of the expectation that they provide or obtain psychological evaluations for clients, if clinically indicated.
<b>3. Crisis Services</b>			

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a	Regardless of funding sources, provides crisis response services Measure- Data pull	3	Evidenced by data pull for crisis services provided from February 1-15, 2008. The random pull clearly identifies various funding sources per individual/ incident.
<b>4. Quality Assurance Activities</b>			
a	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- Review agency QMP, QUAPI, PIP	2.5	Evidenced by review of the agency Quality Management Policies and Procedures, meeting minutes of the Quality Management Committee (QMC), various reports related to chart reviews and other quality assurance activities.  The Policies and Procedures are thorough in reflecting all WAC requirements and fully meet most contract requirements. Most quality assurance activities have been occurring in accordance to the plan. However, chart reviews have not been occurring for several months.  Recommendations include the following additions to the policy and practice: <ol style="list-style-type: none"> <li>1) Include "Incorporation of the voice of family members and other consumer identified natural supports in the evaluation and treatment process" as an item to be evaluated, such as during the peer review process.</li> <li>2) Include a plan to monitor and improve the use of practice guidelines.</li> <li>3) Include a plan to provide a semiannual report to PRSN (such as QMC minutes).</li> <li>4) Begin doing chart reviews in accordance with your Quality Management Plan.</li> </ol> <b>CAP required.</b>
b	Ensure MHP Access for Intake and for Clients with special healthcare needs. Measure- Review agency policy, Interview #3	3	Evidenced by review of policy (10.3), monthly PRSN chart reviews and random staff interviews.
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	2.5	Evidenced by review of policy, agency internal file and submitted reports to the PRSN, per incident. Internal file of incidents contained several that were not reported to RSN and none of the Sentinel Events that have been reported. <b>CAP required.</b>
<b>5. ADA Compliance</b>			

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a	Ensure ADA compliance (PRSN Rights) Measure- Review Agency ADA self-assessment	1	Requested completed self-assessments that were verified during the 2007 annual review. Completed assessments could not be located.  Need to include an assessment of the agency outstations in Brinnon and Quilcene. PRSN staff will provide the blank tool.  <b>CAP required.</b>
<b>6. Enrollee Rights</b>			
a	Posted general enrollee rights in all prevalent languages. Measure- Posted in publicly accessed areas	3	Evidenced by walk-through of agency lobby. This information is also available in the DSHS Benefits Booklet and PRSN Handbook mailed to enrollees.
b	Second opinion is provided, when requested. Measure- Staff interview # 4 and chart documentation	3	Evidenced by review of policy of Client Rights policy (7.1). Provided charts that demonstrated Second Opinion was requested and provided. Staff interview demonstrated knowledge of requirement.
c	Choice and change of providers is provided, when requested. Measure- Staff interview # 9	3	Evidenced by review of policy of Client Rights policy (7.1). Provided charts that demonstrated a change of providers occurred, when requested. Staff interview demonstrated knowledge of requirement.
d	Clients have access and right to review their clinical file. Measure- Evidenced by clinical chart	3*	Evidenced by review of policy of Client Rights policy (7.1). Provided charts that demonstrated access to an individual's record was provided upon request. Staff interview demonstrated knowledge of requirement.  Recommendation: The agency Disclosure log form was sporadically used to document the activity. Recommend using the form as a standard way to document access/ disclosure activity.
<b>7. State Hospital And Ancillary Services Liaison</b>			
a	Participate in the transition/discharge planning of agency designated enrollee residing at WSH. Measure- Interview # 8 and chart documentation	3	Evidenced by review of clinical chart of an individual discharged from WSH and interview with the agency WSH Liaison (hired March 2008). He described being on-site at WSH 2 times in the last month, WSH staff as "relatively helpful".  The WSH Liaison was unaware of the Allen/ Marr class member conditions and discharge protocols, as well as the overall allocated number of beds to JMHS. .

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b	Participate in the resource management and written Working Agreements with WSH and each CLIP facility an enrollee resides.. Measure- Interview WSH/ CLIP facility	3	Evidenced by review of clinical chart of an individual discharged from WSH and interview with the agency WSH Liaison (hired March 2008). The PRSN staff will forward the PRSN & WSH Working Agreement to the agency. There have been no CLIP admissions/ discharges the past fiscal year.
c	Provide outreach to Jails and local ER Measure- QRT Interview, Interview local Jail and ER staff. Audit compliance with jail working agreements via data pull and chart review(s)	3	Evidenced by recent review of Jail Services contracts and data reports. The QRT Interviews occurred 18 month ago and are outdated to this review period. The PRSN Ancillary Provider Surveys are due to be conducted later this month.
<b>8. Utilization and Resource Management</b>			
a	Mechanism for providing information to enrollees of available benefits and authorization requirements Measure- Agency brochures/ flyers/ intake info. Verify DSHS Benefits booklets are accessible (2006 version)	2	Evidenced by review of revised agency brochure (authorization language has been deleted). This information is available in the DSHS Benefits Booklet and PRSN Handbook mailed to enrollees. <b>CAP required.</b>
b	Review extensions of authorization of up to 14 additional calendar days at request of enrollee or provider. Measure – Provider policy and procedure. Provider monitoring of use and pattern of extensions and corrective actions where necessary.	3*	Evidenced by Late PRAT report-monthly UMC agenda item. The agency has submitted CAPs to address system/ employee related barriers to meeting the required authorization timelines.
c	Ensure Notice of Action information is sent to Medicaid enrollees when the provider does not provide services in a timely manner, per the denial definition. (42 CFR 438.400, 42 CFR 438.210.c) Measure- Agency NOA file at PRSN	3	Evidenced by review of agency policy and review of the NOAs sent to the PRSN office monthly.
d	Ensure second opinion appointments occur within 30 days. Measure- Random review of files for individuals that do not meet access criteria, how is information (option) provided to them.	3	Evidenced by random review of intakes for individuals seeking services, but did not appear to meet ACS criteria.
e	Additional and supporting documentation is provided to utilization management contractor when requested. Measure – Report from utilization management contractor and UMC.	3	Evidenced by agency participation in the PRSN UMC monthly meetings. Attendance has been sporadic. Recommendation: Attend UMC meeting regularly to collect all relevant information.
f	Participate in the development/ implementation of PRSN under and over-utilization protocols. Measure- Data pull and QUIC participation	3	Evidenced by full participation in the development and implementation of the PRSN under and over-utilization projects.

#	ITEM	SCORE	COMMENTS
<b>9. Personnel</b>			
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	3	Evidenced by the annual PRSN Specialists Directory and current chart reviews.
b	Neither employ or contract with person excluded from participation in Federal Health Care programs Measure- Random review of 10% of personnel files for website check (personnel checklist)	3	Evidenced by a random sample of 20% personnel files of current employees (8 files reviewed). 100% evidenced Federal Exclusion website checks.
c	Random sample review of agency employee files for supervision, training, and/or evaluation plans Measure- Random review of 10% of personnel files (personnel checklist)	2	Evidenced by a random sample of _% personnel files of current employees (8 files reviewed). Inconsistent and outdated Evaluation Plans for direct service employees. <b>CAP required.</b>
d	Signed statements are maintained on file acknowledging understanding and agreement to abide by HIPAA requirements. Measure – Random review of 10% of personnel files (personnel checklist)	2	Evidenced by a random sample of 20% personnel files of current employees (8 files reviewed). Need to update the Employee Orientation checklist (dated 1993) to include HIPAA requirements. <b>CAP required.</b>
e	Agency staff have received HIPPA training. New staff receive training within 30 days of start date. Measure – Random review of 10% of personnel files and training records (personnel checklist)	2	Evidenced by a random sample of 20% personnel files of current employees (8 files reviewed). Need to update the Employee Orientation checklist (dated 1993) to include HIPAA requirements. <b>CAP required.</b>
f	Verify Medicaid fraud and abuse training. Measure – Personnel files, training records. (personnel checklist)	2	Evidenced by a random sample of 20% personnel files of current employees (8 files reviewed). There were no training documents that reflected this training had been provided. <b>CAP required.</b>
g	Staff attend MHD sponsored/sanctioned training on evidence based practices and promising practices. Measure – Random review of 10% of personnel files and training records (personnel checklist)	3*	Note: These MHD sponsored trainings include TF-CBT, WRAP, DBT, Peer Counselor, and annual BHC. These trainings can be difficult to attend due to restricted registrations available. Recommendation: Continue to provide EBP and PP in-service trainings. Strongly encourage attendance to MHD sponsored trainings for direct service staff.

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h	Review of all staff granted MHP Exceptions to include evaluations of individual's job performance Measure- Review of personnel files for staff with Waivers	3	Evidenced by staff personnel file that demonstrated MHP Waiver request and approval from MHD.
i	Random sample of Exit Interviews from recently departed staff (within the past 12 months) Measure- Random review Exit Interviews for trends	1	Evidenced by review of recently departed staff. No formal process to collect comments or analyze trends. Resignation of long-standing Executive Director prompted internal re-organization and departure of specific staff. No Exit Interviews were collected during this time of re-structure. Currently recruiting agency Executive Director. <b>CAP required</b>
j	Verify no Physician Incentive Plan(s) Measure- Random review of Physician personnel records (FTE staff and contractors)	3	Evidenced by review of one personnel file (Dr. Hinkle) of a contracted physician.
k	Staff interviews (see attached, staff interview questions) Measure- Conduct Staff interviews with 10% of direct service staff	3	Conducted 3 random staff interviews (sample of 10% from 30 direct service employees).