

PRSN Administrative Review Summary
KMHS
March 12-13, 2008

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

#	ITEM	SCORE	COMMENTS
1. Administrative Services			
a	Participation in local emergency/ disaster events Measure- Local FEMA Coordinator/ coordination efforts	3	Evidenced by review of agency Disaster Plan and Safety Meeting notes. The current plan is under revision, making information easier to locate.
b	Comply with PRSN Fraud and Abuse Plan Measure- Review agency Plan/ staff training	1	Evidenced by review of Compliance Plan, random staff interviews, and personnel records review for training. The Compliance Plan does not the CAP requested changes revisions from last review (includes adding examples/ definition of Medicaid Fraud & Abuse, reporting findings to PRSN, listing outside reporting entities/ options.). CAP required. Recommend: Adding Board member volunteers to the Plan (Code of Conduct) and provide the Board training to the Plan.
c	Comply with PRSN Grievance Policy Measure- Review agency Complaint policy, complaint file, and randomly contact complainants	3*	Evidenced by review of policy, forms, Complaint and Grievance file, and walk through of lobby. During the review, the Complaints forms were re-located from the reception desk to the lobby for easy access. Recommend: Finalizing the Grievance policy (still in draft from last year) and revise the definition of a Grievance (per contract, "issue in writing").
d	Ombuds Information available Measure- Brochures and/or flyer in reception/ main lobby	3*	Evidenced by walk through of lobby (AOP and C&F main campus) and random staff interviews. Comment: Brochures in AOP lobby are difficult to see due to current location outside of bathroom.
e	Comply with all applicable state and federal laws. Measure – Audit contract compliance and review policies and procedures.	3	Evidenced by review of KMHS website Home Page- Employee Handbook (2.01)
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: DSHS/E&T/ CMH /DCD/ CP/ Business.

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g	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), HIPAA, MHD-CIS Data Dictionary and DSHS Administrative policies. Measure – Review provider administrative policies and procedures	3	Evidenced by review of various policies. Comment: It was challenging to locate all the on-line policies due to the separate file folder format (WAC, Burwell, OP, contract, and Employee Handbook).
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)	3	Evidenced by review of clinical charts that contained purchased psycho- sexual assessments. Comment: All charts were C&F charts.
b	Posted “Point to Your Language” sign Measure- Posted in reception/ lobby	3	Evidenced walk through of lobby (AOP and C&F main campus).
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 interview.
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 information located at the bottom of the Clients Rights policy. 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	2	Evidenced by a walk through of the lobby, 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. CAP required.
f	Psychological assessments and services are made available. Measure- Review chart(s) of examples, verify staff specialists list for internal resources	3	Evidenced by review of clinical charts that contained purchased psycho- sexual assessments. Comment: All charts were C&F charts.
3. Crisis Services			
a	Regardless of funding sources, provides crisis response services Measure- Data pull	3	Evidenced by data pull for crisis services provided in December 2007, identifies funding source per incident..

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4. Quality Assurance Activities			
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	3*	Evidenced by review of agency QMP, related tools (chart review tool), statistical reports, consumer survey process, current agency improvement projects, QA meeting minutes, and the semiannual report that was presented to the Program Committee. The Quality Management Plan is very thorough and fully meets WAC requirements. There appears to be ongoing quality assurance and improvement activities consistent with the plan. The quality assurance activities notably include consumer participation through both surveys and meetings with the Executive Director. There are two performance improvement projects in process. The projects appear well researched and meaningful. Recommend: Address a mechanism for monitoring the adopted practice guidelines.
b	Ensure MHP Access for Intake and for Clients with special healthcare needs. Measure- Review agency policy, Interview #3	3	Evidenced by 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	3	Evidenced by review of policy and submitted reports to the PRSN, per incident.
5. ADA Compliance			
a	Ensure ADA compliance (PRSN Rights) Measure- Review Agency ADA self-assessment	3*	Evidenced by review of ADA building self-assessments. Recommend: Completing self-assessment for C&F Sheridan building/offices.
6. Enrollee Rights			
a	Posted general enrollee rights in all prevalent languages. Measure- Posted in publicly accessed areas	3	Evidenced by walk-through of lobby in AOP and C&F (main campus). This information is also available in the Benefits Booklet available in the intake interview rooms.

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b	Second opinion is provided, when requested. Measure- Staff interview # 4 and chart documentation	3	Evidenced by review of policy of Client Rights and attached form to request a Second Opinion. 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 and attached form to request a Second Opinion. Provided charts that demonstrated Second Opinion was requested and provided. 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 5 clinical charts that demonstrated how clients have requested and accessed their clinical file.
7. State Hospital And Ancillary Services Liaison			
a	Participate in the transition/discharge planning of agency designated enrollee residing at WSH. Measure- Interview # 8 and chart documentation	3	Evidenced by interview wit the agency WSH Liaison (recently hired). She described good coordination with WSH, consistent invitations to attend treatment team and discharge meetings. KMHS PACT supervisor and ARNP are on-site at WSH once a month. WSH Liaison expressed a concern that DSHS financial benefits are not always in place upon discharge (making housing, medications, and budgeting difficult).
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 interview wit the agency WSH Liaison (recently hired). She is aware of the Working Agreement. CLIP is monitored directly through the PRSN UM reports, weekly attendance at KMHS RM, and routine attendance at Kitsap Shared Resources.
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 submitted data reports.
8. Utilization and Resource Management			
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)	3	Evidenced by program descriptions material (with authorization language included) available in the AOP interview rooms and C& F lobby and on the KMHS public website.
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. Recommend: Development of agency policy describing how to request an extension and attach the form.

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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	2	Evidenced by review of agency policy and review of the NOAs sent to the PRSN office monthly. Agency policy was not formalized and did not include the recently added "denial" definition for inpatient authorization requests. CAP required.
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.	2	Evidenced by random review of intakes for individuals seeking services, but did not appear to meet ACS criteria. There was insufficient information on the intake assessment to justify diagnosis/ criteria not met, such as sections on relevant client history were not completed. CAP required.
e	Additional and supporting documentation is provided to utilization management contractor when requested. Measure – Report from utilization management contractor and UMC.	3	Evidenced by consistent and active participation in the UMC monthly meetings.
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.
9. 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	3	Evidenced by the annual PRSN Specialists Directory, summary of Minority Specialists used in CY 07 and the 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 10% personnel files of current employees (approximately 35 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)	3	Evidenced by a random sample of 10% personnel files of current employees (approximately 35 files reviewed)- training plans are required for clinical staff only.
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)	3	Evidenced by a random sample of 10% personnel files of current employees (approximately 35 files reviewed) - 100% evidenced signed statements.
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)	3	Evidenced by a random sample of 10% personnel files of current employees (approximately 35 files reviewed) - majority of files evidenced training.

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f	Verify Medicaid fraud and abuse training. Measure – Personnel files, training records. (personnel checklist)	3*	Evidenced by a random sample of 10% personnel files of current employees (approximately 35 files reviewed) - sporadic training provided. Recommend: Continue current training focus to deliver team-based F&A trainings.
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. Comment: Continue to provide EBP and PP in-service trainings, until state trainings are more accessible.
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	n/a	No current MHP Waivers/ Exceptions at agency.
i	Random sample of Exit Interviews from recently departed staff (within the past 12 months) Measure- Random review Exit Interviews for trends	3	Evidenced by review of 14 files with Exit Interviews within the past 12 months (1 out of 3 from list provided by HR). Strong point: The agency has implemented a Retention Committee to actively research employee separation trends, collect Employee Survey results, and target retention strategies for current staff.
j	Verify no Physician Incentive Plan(s) Measure- Random review of Physician personnel records (FTE staff and contractors)	3	Evidenced by review of one file (Dr. Stein) of a contracted physician.
k	Staff interviews (see attached, staff interview questions) Measure- Conduct Staff interviews with 10% of direct service staff	See below	Completed 8 out of 78 direct OP, access and crisis staff. Majority of questions/ answers were accurate, with the exception of two areas (see below)

Staff Interviews identified areas of concern:

1. Advance Directives. Of the staff responses, there was 50% accuracy about the intent of an Advance Directive.
2. Practice Guidelines. Of staff responses ¼ did not know about the adopted Practice Guidelines. Staff were unaware of the purpose or where to locate more information about them.