

**PRSN Administrative Review Summary**  
**PCMHC**  
**May 13-14, 2008**

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

#	ITEM	SCORE	COMMENTS
<b>1. Administrative Services</b>			
a	Participation in local emergency/ disaster events Measure- Local FEMA Coordinator/ coordination efforts	2	Evidenced by review of agency plan and community meeting notes. This was a finding and required CAP from the 2007 review. It appears item #1 and #3 of the agency CAP were not thoroughly implemented. CAP required.
b	Comply with PRSN Fraud and Abuse Plan Measure- Review agency Plan/ staff training	3	Evidenced by review of updated agency compliance plan, section 1.3 Fraud & Abuse section and agency wide training conducted on 7/12/07.
c	Comply with PRSN Grievance Policy Measure- Review agency Complaint policy, complaint file, and randomly contact complainants	2	Evidenced by Grievance tracking log, agency policy, and 2 chart reviews. The tracking log identified 3 complaints/ grievances since 5/2007.  The PRSN is aware of 2 additional cases that filed complaints with the agency and met with the Clinical Director (with Ombuds) for resolution. These cases were not included on the tracking log.  The agency policy is outdated. It was a recommendation from the 2007 review to revise the policy (removing the QA Manager as lead), since that time there have also been changes to the definition of action that also need to be incorporated.  CAP required.
d	Ombuds Information available Measure- Brochures and/or flyer in reception/ main lobby	3	Evidenced by walk through of lobbies at the main campus and the Childrens Center. Flyers posted and brochures available.
e	Comply with all applicable state and federal laws. Measure – Audit contract compliance and review policies and procedures.	3	Evidenced by review of Compliance Plan section 1.8, Employee Handbook, Affirmative Action and Non- discrimination policies.
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 DSHS, E&T, DASA, City/business/occupancy licenses and certificates posted clearly.

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g	<p>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.</p> <p>Measure – Review provider administrative policies and procedures</p>	3	<p>Evidenced by review of Compliance Plan section 1.8, Employee Handbook, Affirmative Action and Non-discrimination policies.</p> <p>HIPAA: Training was verified in personnel files.</p> <p>MHD-CIS: Agency is using CMHC system (data dictionary aligned) and actively participating in the Profiler Planning committee.</p>
<b>2. General Services</b>			
a	<p>Purchase State Plan services, if the contractor is unable to provide the medically necessary mental health service.</p> <p>Measure- Review chart(s) of example(s)</p>	3*	<p>Evidenced by payment made to out of network Native American / American Indian consultant.</p> <p>Recommend: Develop a tracking system for logging purchased state plan services.</p>
b	<p>Posted "Point to Your Language" sign</p> <p>Measure- Posted in reception/ lobby</p>	3*	<p>Evidenced by walk through of lobbies at the main campus and the Childrens Center.</p> <p>Recommend: Re-post the sign at the Childrens Center (recent painting and removal).</p>
c	<p>Provide written Interpreter Services notifications in prevalent languages (PRSN Rights)</p> <p>Measure- Staff Interview #1</p>	3	<p>Evidenced by random staff interviews and walk through of lobbies at the main campus and the Childrens Center.</p>
d	<p>Mechanism to ensure distribution of enrollee notification of applicable changes in state law upon receipt. (New WACs- intake assessments)</p> <p>Measure- Review agency policy and evidence</p>	defer	<p>There have been no recent changes to state law requiring enrollee notification.</p> <p>Recommend: Develop policy for procedure to distribute information, when applicable.</p>
e	<p>Advanced Directives written information is available (42 CFR 438.6.i.3, PRSN Rights)</p> <p>Measure- Review written information and how information is distributed, new brochure dated 2/08 and internal agency tracking system.</p>	3*	<p>Evidenced by 2 chart reviews, random staff interviews and walk through of lobbies at the main campus and the Childrens Center. The charts demonstrated evidence that information was provided about Advance Directives (relatively new system).</p> <p>Recommend:</p> <ul style="list-style-type: none"> <li>• Develop monthly list of current Advance Directives on file, post for crisis staff.</li> <li>• Interviews identified a training area for staff, possibly a brief overview of Advance Directives by Ombuds.</li> </ul>

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f	Psychological assessments and services are made available. Measure- Review chart(s) of examples, verify staff specialists list for internal resources	defer	There were no charts available to demonstrate the requirement. Recommend: Develop a tracking system that easily identifies when psychological assessments are completed.
<b>3. Crisis Services</b>			
a	Regardless of funding sources, provides crisis response services Measure- Data pull	3	The March 10-31, 2008 crisis services report verified individuals served with various funding, including Medicaid, Medicare, no insurance, GAU, and private insurance.
<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	Evidenced by review of the quality plan, committee descriptions and goals, as well as meeting minutes. The plan has a solid process to identify areas warranting improvement and create improvement plans. Mostly the plan has been implemented as evidenced by meeting minutes and notes on improvement processes. However, the plan and activities are both lacking in adherence to WAC and contract requirements.  Cap required. Recommendation for CAP is to incorporate all related WAC and contract requirements into the plan and activities (see yellow-highlighted items on the attached quality policy tool).
b	Ensure MHP Access for Intake and for Clients with special healthcare needs. Measure- Review agency policy, Interview #3	2.5	Evidenced by review of charts and random staff interviews. All intakes were conducted by an MHP. Intake assessments appeared to be missing specialist review/credentials (cmhs, gmhs, DDD, ect).  CAP required.
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, forms, and tracking log. "Extraordinary occurrences/adverse incident" log is not congruent with PRSN Sentinel Event reporting policy/procedure. Utilizes old language and reflects January 2006 policy. Need to adopt Sentinel Event P&P; Log should reflect what reports PRSN receives (not other internal incidents).  CAP required.

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<b>5. ADA Compliance</b>			
a	Ensure ADA compliance (PRSN Rights) Measure- Review Agency ADA self-assessment	3	Evidenced by review of four completed building self-assessments completed within the past five years.
<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 lobbies at the main campus and the Childrens Center.
b	Second opinion is provided, when requested. Measure- Staff interview # 4 and chart documentation	3	Evidenced by review of 2 charts and random staff interviews.
c	Choice and change of providers is provided, when requested. Measure- Staff interview # 9	3	Evidenced by review of 3 charts and random staff interviews.
d	Clients have access and right to review their clinical file. Measure- Evidenced by clinical chart	3	Evidenced by review of 2 charts.
<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 the random staff interviews, chart reviews, and interview with interim agency WSH liaison. Long-standing agency WSH liaison currently on maternity leave and available by phone for consultation.
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 interviewing interim agency WSH liaison. Discussed the coordination efforts at WSH contingent on relationship with social worker assigned to particular civil ward. No CLIP youth within the past 12 months- deferred. Follow-up: PRSN will send the WSH Working Agreement to the agency interim WSH liaison.
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	Reviewed QRT report from September 2007. Local jail and ER staff made several positive comments about services being provided. Reviewed Jail Services submitted reports.
<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)	3	Evidenced by review of agency Request for Services form (language is included). Agency brochure and client handbook, under revision.
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 review of Resource Management policy, UM monthly late PRAT reports, and use of extension forms. Historically, PCMHC has the lowest numbers of "late PRATS" reported in UMC.

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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	3*	The PRSN receives copies of all NOAs mailed to individuals. There have been no NOAs mailed as a result of services not provided in a timely manner. There is evidence that extension requests have been utilized, when necessary.
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 review of 2 charts that demonstrated a second opinion and 6 NOD (letters of ineligibility), verified intake assessment information for "criteria not met" in clinical file. It was difficult to locate information to justify the ineligible criteria due to the inconsistent lay-out of the file. Noted trend was specialty consultations not done prior to "criteria not met" determination. A specialist consultation may have impacted the determination. Recommend: <ul style="list-style-type: none"> <li>• Documenting on a progress note when intake assessments are conducted, including the disposition/ plan.</li> <li>• Gathering specialty consultation following an intake and prior to authorization request determinations.</li> </ul>
e	Additional and supporting documentation is provided to utilization management contractor when requested. Measure – Report from utilization management contractor and UMC.	3	Evidenced by review of agency participation at regional monthly UMC meetings. Three UMC representatives in FY 2008.
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.
<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. Recommend: Document/track the use of staff specialists, when required.
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 18% (11 out of 60) personnel files of current employees. 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 18% (11 out of 60) personnel files of current employees. 3 of the 11 had outdated evaluation plans (one from 2006 and two from 2007). Recommend: Review all personnel records for outdated evaluation plans.

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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 18% (11 out of 60) personnel files of current employees. 100% evidenced signed HIPAA 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 18% (11 out of 60) personnel files of current employees. This requirement was difficult to assess in the personnel files (training dates difficult to locate). One file demonstrated use of the on-line training, easy to identify training date and content. The last agency-wide HIPAA training occurred 2/28/06. Recommend: Agency-wide HIPAA refresher training to be done annually.
f	Verify Medicaid fraud and abuse training. Measure – Personnel files, training records. (personnel checklist)	3	Evidenced by a random sample of 18% (11 out of 60) personnel files of current employees and agency-wide Medicaid Fraud & Abuse Compliance training roster done on July 21, 2007.
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	Evidenced by a random sample of 18% (11 out of 60) personnel files of current employees. Strong evidence of staff attending the following trainings in FY 08: PRSN WRAP and Recovery trainings, MHD TF-CBT training, BHC, COD and DBT trainings.
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 review of 1 personnel file with an MHP waiver, evaluation plan is current. .
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 10 exit interviews from the last 12 months. Trend noted: Staff exiting medical team expressed concerns about dynamics on team.
j	Verify no Physician Incentive Plan(s) Measure- Random review of Physician personnel records (FTE staff and contractors)	3	Evidenced by review of 1 personnel file for a contracted psychiatrist. No physician incentive plan present.
k	Staff interviews (see attached, staff interview questions) Measure- Conduct Staff interviews with 10% of direct service staff	3	Conducted 5 random staff interviews from 39 direct service staff that provide PRSN funded services. (see below)

### Staff Interviews

There were two areas of concern noted.

1. Appeals. Unaware of their right to file an appeal if authorization is denied, limited or discontinued for medically necessary services they have requested on behalf of a client.
2. Advance Directives. Staff appeared relatively unfamiliar with the intent of an Advance Directive and how one is executed.