

PRSN Administrative Review Summary
WEOS
July 29-30, 2008

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

* Recommendation

#	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 plan and community meeting notes. The notes demonstrated current planning and coordination.
b	Comply with PRSN Fraud and Abuse Plan Measure- Review agency Plan/ staff training	3*	Evidenced by review of current Hospital Compliance Plan and draft WEOS page insert with contact reporting information. Recommendation: Finalize draft Plan to include WEOS reporting information
c	Comply with PRSN Grievance Policy Measure- Review agency Complaint policy, complaint file, and randomly contact complainants	3*	Evidenced by review of 2 agency grievances. Both cases were resolved within 12 or less of the report. Recommendation: Update agency Complaint and Grievance policy (10 days written statement for oral filings to 7 days)
d	Ombuds Information available Measure- Brochures and/or flyer in reception/ main lobby	3	Evidenced by walk through of main lobby. 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 agency P&Ps; meets minimum standards.
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 main lobby where DSHS/DASA/ E&T/ HOSPITAL/HIPPA and Occupancy certificates clearly posted.
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 the following: Affirmative Action Policy- civil rights act, equal pay, rehabilitation act, ADA Anti-Discrimination Policy HIV/ AIDS Policy KMHS MIS Security Policy
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 respite hotel rooms purchased Jan- April 2008 (4 episodes).
b	Posted "Point to Your Language" sign Measure- Posted in reception/ lobby	3	Evidenced by walk through of main lobby.
c	Provide written Interpreter Services notifications in prevalent languages (PRSN Rights) Measure- Staff Interview #1	3	Evidenced by random staff interviews and walk through of the main lobby. Client rights posted in seven languages.

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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	NA	This item was no scored this year. However, it is noted there is an agency policy to address issue, when needed (Consumer Notification of Changes in Regulatory Policy Which May Impact Care).
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.	3	Evidenced by review of three clinical charts with executed Advance Directives. There is an internal tracking mechanism in the records department to flag individuals with executed Advance Directives. Revised PRSN brochures were available in the lobby.
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 available staff (2 FTE psychologists on staff) to provide assessments, when needed.
3. Crisis Services			
a	Regardless of funding sources, provides crisis response services Measure- Data pull	3	Evidenced by review of random data report of crisis services during the month of April 2008. Various funding sources identified.
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	2.5	Evidenced by review of the Quality Assurance and Improvement Plan and meeting minutes; examples of clinical file audits; and interview with Steve Ironhill and Audrey Grafstrom. The plan is concise, thorough and covers most of the WAC 388-865-0450 requirements, as well as most of the applicable contract terms. The following are recommendations for policy and practice to fully meet the WAC and contract requirements: 1) Include a process to review the effectiveness of prescribed medications (such as part of the peer review process, for example). 2) Include a process to review serious and emergent incidents (also known as critical incidents, or sentinel events). 3) Include a process to evaluate and assure adherence to the practice guidelines implemented in the region. Finally, it was discovered that in addition to the plan that I reviewed, there are two additional outdated plans located in the policy manual; these should be removed and replaced with the most recent and updated plan. CAP Required
b	Ensure MHP Access for Intake and for Clients with special healthcare needs. Measure- Review agency policy, Interview #3	3	Evidenced by review of agency policy (Access to Services), PRSN monthly chart reviews, OP consumer rights document signed in clinical charts, and random staff interviews.

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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 agency file containing all critical incidents. Congruent with the reports to PRSN. Recommendation: Current Policy in Critical Incident Log/File; please replace outdated P&P with current in manual as well.
5. ADA Compliance			
a	Ensure ADA compliance (PRSN Rights) Measure- Review Agency ADA self-assessment	3	Evidenced by review of self assessment. Several (5) action steps were identified last year with goal of accomplishing these by 8/08, 9/08, 10/08.
6. Enrollee Rights			
a	Posted general enrollee rights in all prevalent languages. Measure- Posted in publicly accessed areas	3	Evidenced by walk through of main lobby area. Rights were posted in all required languages.
b	Second opinion is provided, when requested. Measure- Staff interview # 4 and chart documentation	3*	Evidenced by review of random monthly chart reviews, client right form is consistently signed. There were no charts available to evidence an individual exercising their right in the past 12 months. One staff interview was unfamiliar with the agency process, if it were requested. Recommendation: Discuss the agency process for granting a second opinion.
c	Choice and change of providers is provided, when requested. Measure- Staff interview # 9	3	Evidenced by review of one clinical chart that reflected documentation of client request to change providers.
d	Clients have access and right to review their clinical file. Measure- Evidenced by clinical chart	3	Evidenced by review of one clinical chart from 2005. Ombuds verified there have been no requests to review a 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 discussion with WSH Liaison, Kent Devine, on 8/8/08. There are currently 4 in WSH (3 on the adult ward add 1 on geriatric) and 1 in PALS program. The most residents he's ever worked with at one time from WEOS. One resident is planning to discharge. Discussed the challenges of identifying discharge placement options- Kent was unfamiliar with how to use/ access the ECS, PACT, Burwell, and 2 nd Street options. Kent stated the supervision and assistance of a local ARTF was needed for 2 of the current residents with impulse control issues. Kent expressed his appreciation for the participation of WEOS staff. Recommendation: The PRSN Clinical Manager will provide additional information on current discharge resources, upon her return from family leave.
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 discussion with WSH Liaison, Kent Devine, on 8/8/08. Aware of Working Agreement, has strong and long-lasting working relationships. No CLIP involvement in FY 2008.

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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 review of recent QRT review (insert dates) interview with local Jail and ER. Both entities reported a positive working relationship with WEOS. Reviewed agency recorded Jail Services. Identified a reporting error between the agency records and the RSN generated Jail Services report.
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 review of the regional authorization process. The PRSN mails the authorization letters to enrollees with the PRSN handbook that describes the available benefits and authorization requirements. Verified PRSN Handbooks were available in main lobby.
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 monthly tracking reports generated through the regional UM Committee. No agency policy or procedure describing the process.
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 NOAs mailed to enrollees in the past 12 months- none for untimely services. All NOAs are copied and mailed to PRSN for review.
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*	There were no charts available to evidence an individual requesting a second opinion in the past 12 months. Great referrals provided, when found ineligible. Reviewed assessments of individuals that did not meet criteria. Recommendation: Submit PRATs for individuals that do not meet OP criteria to CommCare- PRSN ineligibility letter is automatically mailed by CommCare, providing the information.
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 consistent participation in the regional UM Committee.
f	Participate in the development/ implementation of PRSN under and over-utilization protocols. Measure- Data pull and QUIC participation	3	Evidenced by review of participation in the PRSN project.
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 review of PRSN annual specialist staff directory, current agency org chart, and travel/ access standards.
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 review of 13 randomly selected personnel files- website print outs in files.

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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 review of 13 randomly selected personnel files- majority of evaluations were completed on time. Recommendation: Review internal tracking process for the one expired evaluation.
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 review of 13 randomly selected personnel files- all file demonstrated a signed HIPAA agreement.
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 review of 13 randomly selected personnel files- all files demonstrated acknowledgement of information received/ training.
f	Verify Medicaid fraud and abuse training. Measure – Personnel files, training records. (personnel checklist)	2	Evidenced by review of personnel files and agency training log. No evidence of Medicaid Compliance training. CAP required.
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 review of training log documenting a wide variety of staff trainings attended. Recommendation: Place a copy of the training log in the personnel file.
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	NA	No MHP exceptions.
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 2 exit interviews. Both staff retired from agency. No trends noted.
j	Verify no Physician Incentive Plan(s) Measure- Random review of Physician personnel records (FTE staff and contractors)	3	Evidenced by review of the one ARNP on staff at WEOS.
k	Staff interviews (see attached, staff interview questions) Measure- Conduct Staff interviews with 10% of direct service staff	3*	Evidenced by interview of 2 direct service from total of 13.

Overall recommendation: Update agency manual to reflect current practices and contract requirements.