

**PRSN Administrative Review Summary
FY 2009**

Agency: JMHS

Date: January 26, 2009

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	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 conduct random disaster and fire drills; and document their occurrences. CAP required.
b	Comply with PRSN Medicaid Fraud and Abuse Plan Measure- Review agency Plan/ staff training	3*	Evidenced by review of policy (Due Diligence) that included Compliance Plan, random staff interviews, review of PRSN training (conducted April 28, 2008) and personnel records review for training. Recommendation: During the random staff interviews, a majority could not identify the agency Compliance Officer. Recommend refresh of agency designated Compliance Officer. This was also noted in last year's Admin. Summary report.
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, and interview question # 11.	NA	Not applicable. No internal agency reports within the last 12 months- reviewed agency and PRSN files.
d	Comply with PRSN Grievance Policy Measure- Review agency complaint policy, complaint file, and randomly contact complainants	3	Evidenced by review of polices, forms, completed cases. There were 4 agency-based complaints filed in the last 12 moths. All appeared to meet time requirements, written correspondence, and satisfactorily resolved. Additional complaint forms were being copied and placed in front lobby during review.
e	Comply with "all applicable state and federal laws". Measure – Audit contract compliance and review policies and procedures for language.	3	Evidenced by review of JMHS Compliance Plan and policy (Purpose and Authority).

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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	3	Evidenced by review of personnel policies (specifically the Affirmative Action Plan).
g	Comply with PRSN Privacy Statement/ Practices and agency HIPAA security policies Measure- Review agency policy and procedures, PRSN Privacy Statements made available	3*	Evidenced by review of agency policies. Recommendation: Adding to a policy language that sufficiently addresses CFR 164.310(d)(2)(ii) regarding media re-use.
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	3	Evidenced by numerous episodes of providing rooms at Harborside Inn and purchasing of bus tickets.
b	Provide written Interpreter Services notifications in prevalent languages (PRSN Rights) Measure- Staff Interview #1	3	Evidenced by posting in main lobby and sufficient staff knowledge in random interviews.
c	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	Not applicable. There have not been any state law changes that impact direct service.
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.	2.5	Evidenced by current brochures being easily accessible in the lobby, as well as new clients being given the brochure at Intake. Example of clinical chart documentation provided with new clients. Need to develop a plan to get the information to all currently enrolled clients. CAP required.
e	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 chart that documented psychological assessment/ neuropsychological evaluation conducted by Bruce Tapper.
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	3*	Evidenced by review of agency call log that tracks name, date, and reason for call (crisis services and OP service requests), and resolution. Recommendation: Add a column for recording calls when referrals or information is provided- this is currently provided, but not recorded.
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	1	There was no evidence of information in review of agency polices. JMHS needs to state in their policies that they do not do any seclusion and restraint at any of their sites. CAP required.

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h	Comply with PRSN Residential Services Plan Measure- Review agency residential plan, if applicable.	NA	Not applicable. The agency does not provide direct residential services. The agency works with established landlords in the community to assist with housing needs (on an individual basis).
3. Crisis Services			
a	Regardless of funding sources, provides crisis response services Measure- CMHC random data pull	3	Verified individuals from various funding sources were provided crisis services in November 2008 through CMHC data report.
4. Quality Assurance Activities			
a	Quality Management Plan is present and reflects applicable WACs and Contract terms. Measure- Review of agency QMP (see QA checklist)	2	Evidenced by review of the JMHS Quality Management Policies. The Policies and Procedures are thorough in reflecting WAC requirements and most contract requirements. The quality management plan should also address the "incorporation of the voice of family members and other consumer identified natural supports in the evaluation and treatment process". This was also recommended at the last review, performed April 2008. CAP required.
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)	2	Evidenced by review of meeting minutes and staff Interviews. JMHS began regular QA meetings during which they address several topics relating to quality assurance. There was a gap in the meetings due to staff turnover. There were no peer reviews completed since the last administrative review in April, 2008. JMHS recently hired a new clinical director (Bernie Donanberg) who has been reviewing treatment plans and intakes in lieu of peer reviews while a temporary focus on Profiler planning/training is taking place. While he has not been using a formal tool, he reported that his review of all treatment plans and intakes includes assessing adherence to quality of services issues as they are described in WACs. Bernie has done a great job triaging areas for focus, choosing first to address utilization issues such as appropriateness of services. I could not find evidence of quality assurance activities that specifically address the efficacy of medications prescribed, however. Recommendations include: 1. Create a process to review the effectiveness of medications. (continued to next page)

			<p>2. Develop Quality Assurance Activities consistent with your Quality Management Plan, or develop a Quality Management Plan that satisfies WAC and Contract requirements and is consistent with current practices and future plans.</p> <p>3. Fully implement Quality Assurance activities.</p> <p>CAP required.</p>
c	<p>Ensure provider is responsible for collecting Critical Incident information and Sentinel Events, per PRSN Reporting Policy and form</p> <p>Measure – Review of Provider Critical Incident file for past 12 months for required documentation and analyze submitted reports to PRSN for trends</p>	3	Evidenced by agency incident log consistently coincides with episodes reported to PRSN
5. ADA Compliance			
a	<p>Ensure ADA building accessibility compliance (PRSN Rights)</p> <p>Measure- Review Agency ADA self-assessment</p>	1	<p>No evidence of completed ADA checklist for JMHS Admin. Building. This was a finding during the 2007 and 2008 Admin. Reviews. The PRSN provided blank assessment forms following 2008 review. It is expected that the checklist will also be completed for the Quilcene and Brinnon satellite offices.</p> <p>CAP required.</p>
6. Enrollee Rights (Clinical Chart documentation)			
a	<p>Second opinion appointments occur within 30 days, when requested.</p> <p>Measure- Evidenced by sample of clinical charts and staff interview # 4</p>	3	Evidenced by review of several clinical charts that demonstrated a second opinion was requested and provided for medical and clinical services.
b	<p>Choice and change of providers is provided, when requested.</p> <p>Measure- Evidenced by sample of clinical charts and staff interview # 10</p>	3*	<p>Evidenced by review of clinical charts that demonstrated a change of providers occurred when requested. Staff interviews indicate that not all staff are familiar with the time frames for requesting a change of providers (specifically the 30 days from assessment). Suggest that JMHS use the PRSN Enrollee rights form which lists the time frames for requesting a change.</p> <p>Recommendation: Verify JMHS OP Rights form accurately includes all the required timeframes (30 days from assessment, 90 days, and once a year). Suggest JMHS use the PRSN OP Enrollee Rights form which lists the time frames for requesting a change</p>
c	<p>Clients have access and right to review their clinical file.</p> <p>Measure- Evidenced by sample of clinical charts</p>	3	Evidenced by review of clinical charts that demonstrated a client request to see his or her record.

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d	Agency policy on individual requesting/ accessing medical records Measure- Agency policy	3	Evidenced by review of agency policy to provide access to clients who request to see their record.
7. 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	NA	Not applicable. There have been no CLIP kids from JMHS in the past 12 months.
b	WSH: Participate in the transition/ discharge planning, resource management and written Working Agreements with WSH. Measure- Interview agency WSH liaison	3	Evidenced by meeting with agency WSH Liaison. There are currently 3 individuals at WSH (1 civil and 2 forensic). There is active discharge planning for the civil commitment, currently attempting to secure housing at near to agency apartment. No problems identified with currently working relationship at WSH.
c	Ensure agency provides follow-up to individuals recently discharged from community hospitals within the required timeframes (PIP). Measure- Review agency policy	3	Evidence by interview with Eric Nygard, Crisis and Access Director and review of new protocol implementation for timely outpatient follow-up after discharge from hospitalization for the PRSN and State-wide Performance Improvement Project. The protocol is fully implemented.
8. Utilization and Resource Management			
a	Verify agency policy to send Notice of Action to Medicaid enrollees when the agency /provider does not provide services in a timely manner, per the denial definition. (42 CFR 438.400, 42 CFR 438.210.c) Measure- Review agency policy	1	Evidenced by review of Grievance policy. This policy outlines the definitions of an action. This required language has not been added to the policy (dated July 27, 2005). CAP required.
d	Ensure PRSN NOD Letter of Ineligibility is sent to individuals that do not meet criteria. Measure- Random review of files for individuals that do not meet access criteria (evidenced by review of intake/screening documentation), how was ineligibility information provided to them. Did CommCare mail the NOD PRSN Letter of Ineligibility?	3	Evidenced by review of 5 files for clients not found eligible for OP services, September – December 2008. The assessments were reviewed and sound/ complete justification for disposition was noted. These names were then cross-walked to the PRSN NOD letters sent in the same timeframe. 100% accurate.
c	Participate in the development/ implementation of PRSN under and over-utilization protocols. Measure- Data pull and QUIC participation	3	Evidenced by participation in PRSN projects, when requested.
9. Posted Information and Walk-through Activities			
a.	Ombuds Information available Measure- Brochures and/or flyer in reception/ main lobby, space used for Day Treatment/ Clubhouses, and out-stations	3	Evidenced by walk- through of main lobby.
b	Posted "Point to Your Language" sign Measure- Posted in reception/ lobby	3	Evidenced by walk- through of main lobby.

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c	Posted Advance Directive information Measure- Posted in reception/ lobby (new PRSN brochure dated 2/08)	3	Evidenced by walk- through of main lobby.
d	Posted general enrollee rights in all prevalent languages. Measure- Posted in publicly accessed areas	3	Evidenced by walk- through of main lobby.
e	PRSN or agency brochure / information explaining available benefits. Measure- Available benefits information is made available.	3	Evidenced by walk- through of main lobby, DSHS Benefits booklet was available. JMHS brochure was absent (awaiting re-publication), as well as PRSN Handbook. PRSN will send handbooks to be made available in main lobby.
f	Demonstrate HIPAA privacy practices Measure- Private interview rooms, front reception privacy reminders, computer monitor privacy screens	2.5	Evidenced by observances during agency walk-through, JMHS is mindful of privacy rights. In the lobby, the computer monitor screen is placed underneath the check-in window, blocking any view of it. There are locks on doors leading to files with PHI. There are white noise appliances parked outside interview rooms to mask the sounds of voices. The JMHS lobby does not offer privacy to a person checking in for an appointment or for those who may need to give personal information verbally. Recommendations include: <ol style="list-style-type: none"> 1. Create an option to conduct check-ins (or other verbal communications that normally occur in the lobby) privately. 2. Ensure that clients are aware of this option and know how to use it. CAP required.
g	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	3	Evidenced by Solid procedure identified/ explained, as well as example of recent clinical documentation request provided
h	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. The following documents were posted: CMHC certificate, E&T certificate and DSHS/MHD Washington State license.
i	(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 	NA	Not applicable, KMHS only.

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10. Personnel – reviewed 9 DMHPs files, 6 random employees files, and 1 contracted physician file			
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 agency organizational chart and regional specialists directory. Recommendation: Consider recruiting interested staff for minority specialists designation, support training needs.
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 on personnel checklist	3	Evidenced by 100% review of DMHP personnel files (9) and 5 additional random personnel file reviews. Printouts of both federal exclusion websites and WSP checks were evident.
c	Random sample review of agency employee files for training and/or evaluation plans Measure- Random review of 10% of personnel files on personnel checklist	2	Evidenced by targeted and random personnel files. Several files had training and/ or evaluation plans recently completed, but had not been reviewed by employee/ staff. In addition, many training plans listed “learning Profiler” as the training plan. Training plans need to be individually tailored and include content to target improve or expand skills. CAP required.
d	Signed statements are maintained on file acknowledging understanding and agreement to abide by HIPAA requirements. Measure – Random review of 10% of personnel files on personnel checklist	3	Evidenced by training acknowledgement records in targeted and random review of personnel files.
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 on personnel checklist	3*	Evidenced by targeted and random review of personnel files. Recommendation: Strongly encourage consistently providing training within 30 days of new hires, as part of the standard orientation process.
f	Verify Medicaid fraud and abuse training. Measure – Random review of 10% of personnel files and training records on personnel checklist; or training curriculum and sign-in sheet	3	Evidenced by training records in targeted and random review of personnel files.
g	Verify Safety and Violence Prevention training occurs annually. Measure- Random review of 10% of personnel files and training records on personnel checklist; or training curriculum and sign-in sheet	1	Evidenced by 100% review of DMHP personnel files (9) and 5 additional random personnel file reviews. This is a new state requirement for DMHPS (per the Marty Smith Bill). There was no evidence of trainings related to personal safety on outreaches, teaching de-escalation techniques or prevention of violent behaviors provided within the last 12 months. (continued to next page)

			<p>During the Exit Interview, DMHP Supervisor announced he is scheduled to attend MHD-sponsored training next month, and then will provide training material to JMHS crisis staff (using Train the Trainer model).</p> <p>The plan provided at the Exit Interview sufficiently meets the CAP requirements- <i>no additional CAP required.</i></p>
h	<p>Staff attend MHD sponsored/sanctioned training on evidence based practices and promising practices.</p> <p>Measure – Random review of 10% of personnel files and training records on personnel checklist</p>	2.5	<p>Evidenced by targeted and random personnel files. Trainings included PRSN sponsored Recovery at Fort Worden, WRAP, and MHD Treatment Planning. Internal agency DBT trainings.</p> <p>The agency lacks a TF-CBT team. PRSN strongly encourages completion of MHD sponsored tf-cbt training March 19-20.</p> <p>CAP required.</p>
i	<p>Random sample of Exit Interviews from recently departed staff (within the past 12 months)</p> <p>Measure- Random review Exit Interviews for trends</p>	3	<p>Evidenced by review of current process and 2 Exit Interviews conducted in the past 12 months. No concerning trends noted.</p>
j	<p>Verify no Physician Incentive Plan(s)</p> <p>Measure- Random review of Physician personnel records (FTE staff and contractors)</p>	3	<p>Evidenced by review of one contracted medical provider at JMHS. No physician plan was noted.</p>
k	<p>Staff interviews (see attached, staff interview questions)</p> <p>Measure- Conduct Staff interviews with 10% of direct service staff</p>	3	<p>Areas of concern:</p> <ul style="list-style-type: none"> • Refresher of agency Compliance Officer • Unclear of OP Client Right timeframes (30 day, 90 day, and once a year) • Providing Advance Directives information needs to be available at various direct service levels of an agency.