

KMHS IS Subdelegation Summary Report 2010-2011

The Peninsula Regional Support Network (PRSN) is accountable for any functions and responsibilities that it delegates through a subcontract. The PRSN conducts a subcontractor delegation review of current subcontractors to assess satisfactorily performance of contracted PRSN/PIHP functions. This tool will be used in conjunction with the External Quality Review Organizations (EQRO) annual findings, as they relate to the contracted regional IS functions.

Delegated Contractor: Kitsap Mental Health Services
Delegated PIHP functions: Information Services

Date: June - September 2010

Audit Instructions

Please reference agency documentation for each item to review via desk audit. The Agency Comments column is optional. It is provided to allow additional comments/ explanations.

#	ITEM	PRSN SCORE (1-5)	Documentation/Other Evidence	General Comments
1. Organizational capacity to perform subdelegated functions				
a	Maintain compliance with regional IS policies and procedures covering the adherence to contract and relevant regulations Examples of evidence - Review of P&P for contract/ regulation requirements for completeness and how they are internally monitored (<i>including data security and disaster recovery requirements</i>).	3	PRSN Provider/ProFiler Training Docs shared drive.	Procedures available to all providers in the PRSN Provider/ProFiler Training Docs folder.
b	Report and ensure recording of data on service authorizations (outpatient, inpatient, residential, Provider 1 PA technical assistance) Examples of evidence – Review of data reports	3	1. Procedures for IP, PARS and PRAT from data system. 2. Authorization reports available to PRSN.	Authorization requests are entered into ProFiler and CommCare staff connect to the same database to find pending requests. Instructions included (for IP, PARS and PRAT) that include entry and review procedures.
c	Report and ensure provision of data for PRSN quality management needs Examples of evidence – Review of data reports and requests for QA reports	2		The PRSN has been unable to (or been delayed in) monitoring activities due to report unavailability over the past year. Some reports required by the PRSN for monitoring were requested several months ago but have not been available. CAP required: KMHS needs to prioritize requests from the RSN so that the RSN is able to carry out basic monitoring and oversight activities.

#	ITEM	PRSN SCORE (1-5)	Documentation/Other Evidence	Agency/ PRSN Comments
d	Ensure daily back-up and tape storage for all sites Examples of evidence - Review of back-up storage process	3	RSN IS Disaster Recover and Backup Policy 4.7	
e	Manage and ensure control system security set-up for each provider Examples of evidence – Review of the security and system disaster recovery process	3	1. Sample User Auth and Oath forms attached 2. RSN IS Disaster Recover and Backup Policy 4.7 updated 2010.	All users must have signed Oath of Confidentiality and User Authorization form before granted access.
f	Set up and maintain the necessary items to allow the state core data to be entered into system Examples of evidence - Review encounter data and data error reports	3	1. Instructions re “Add New Client” 2. Table Maintenance Listing v4 3. PRSN Data Dictionary	User documentation for entry of client information. All values are tied to information from the State Data Dictionary Data managed in State Reporting system and tracked by batch number.
g	Ensure Management and submission compliance as stated in the contract between the PRSN/ KC and the DBHR Examples of evidence - Verify process, including data certification process	3	Example submission log	All batches maintained in H:\COREDATA\Native ProFiler (both the batch and acceptance/error reports). Log of all batch information also maintained in IS-DOCS/COREDATA/Submission Info. PRSN Staff are emailed with batch information prior to submission.
h	Install and apply appropriate system software and operating system upgrades Examples of evidence - Review dates of system upgrades and installations	3	ProFiler update log	Refer to ProFiler update log. Windows/Server updates scheduled at major releases and monthly for “patches”

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i	Maintaining an internal quality management/quality improvement process Examples of evidence - Review of applicable documentation, such as meeting minutes, training venues, network satisfaction surveys, etc.	2		PPIT meetings and UMC meetings discuss common areas of need and information as well as changes and improvement. There does not appear to be an internal processes specific to the subdelegated IS activities. CAP required: KMHS needs to demonstrate what internal QM/QI processes or activities are implemented that address the subdelegated activities.
j	Provide timely contract specific activities and reports of acceptable quality Examples of evidence - Review reports or sample reports of prospective subcontractors	2		The Profiler implementation and subsequent ongoing problems with report availability and usability by providers; problems across the region. This has been reported consistently from the other providers over the last year. Some of these problems might have been avoided had KMHS had more staff committed to implementation. CAP required: KMHS must develop a plan to ensure that contract specific activities are timely and of acceptable quality.
k	Adequate training is provided/ available to the region Examples of evidence - Training logs	3	1.Training calendars for ProFiler Implementation and Training Room at KMHS	Monthly PPIT and UMC meetings to discuss needs with all regional representatives
l	KMHS IT communicate system improvement strategies to the PRSN, make recommendations for system changes/ improvement Examples of evidence - Feedback provided to the PRSN	3		Communication through PPIT and KMHS IT continues to hold membership on State-Wide DQ4 and PIWG but meetings have been few due to budgetary limitations.

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m	KMHS IT is responsive to identified problems and has established effective communication with each providers' "system manager" Examples of evidence - Internal QA/ QI projects, informal & formal feedback, etc	3		Monthly PPIT meetings include each agency "system manager".
2. Staffing Capacity				
a	The availability of qualified staff to perform delegated functions and sufficient staff to maintain regional IS system. Examples of evidence - Analyze contractor ability to analyze staffing sufficiency, request annually updated staffing directory, and require PRSN notification with significant reduction/ changes to staffing patterns.	2		Staffing levels remain stable – hire dates indicated: IS Director: 4/03 Analysts: 10/97, 10/02, 12/04 Support: 11/99, 8/03, 11/09 Staffing was stretched during the ProFiler implementation as no new staff were added for this project.
b	Hiring for IS staff includes background checks, federal exclusions and reference checks. Examples of evidence - Review personnel files for noted documents.	3	Verified via KMHS HR records	
c	Provides adequate and appropriate training and supervision to KMHS IT staff. Examples of evidence - Review organizational chart and personnel/ training files	3		KMHS IT staff meet on a weekly basis where training and QI discussions take place. All are also members of the ProFiler User Group and participate in the Western ProFiler User Blog via the internet.
d	Staff competence in implementing delegated functions. <ul style="list-style-type: none"> ▪ This includes reviews of service data including submission statistics from the (MHD) Intranet, review of error reports and timeframes of encounter data transmission, supervisory feedback to staff, and response to complaints and grievances. Examples of evidence - Review applicable documentation (Intranet reports, meeting attendance, trainings provided)	3	Data not available from MHD Intranet since Provider 1 GoLive.	IS Director member of ISDEC/DQ4 and PIWG at state level. Meeting sporadic due to budgetary limits at state level.
e	Timely communication with PRSN regarding delegated decisions: Examples of evidence - Monitor responsiveness time with regards to scheduled reports, returned PRSN phone calls, and demonstrated proactive communication	3*		See comments on Section 1.c above. * Recommendation: The communication efforts involved in the PPIT regional meeting are appreciated. Prioritizing RSN requests would improve any issues in this area (responsiveness/communication)

#	ITEM	PRSN SCORE (1-5)	Documentation/Other Evidence	Agency Comments & PRSN Response
b	<p>Storage of data on portable media or devices is given special protection, if being transported outside of an secure area, by: (which of the following)</p> <p>XX Encrypting the data and devices</p> <p>XX Controlling access to devices with a password or stronger authentication methods</p> <p>XX Manually locking devices whenever they are left unattended and setting devices to lock automatically after a period of inactivity (maximum period is 20 minutes)</p> <p>__ Physically protect portable devices an media by: keeping them locked storage when not in use, using check-in procedures, and frequent inventories</p>	3		<p>Portable access not allowed except backup tapes that are kept in locked server room, locked fire box and/or locked safe off-site.</p>
c	<p>Data segregation.</p> <p>DSHS data is segregated or otherwise distinguishable from non-DSHS data. This includes procedures for storage of data on media, in a logical container, within a shared database, and paper documents.</p> <p>Examples of evidence – Review of the segregated data system</p>	3		<p>Data cannot be stored separately since using full EMR. However, MHD/DSHS data can be identified either by the type of data (authorizations) or by identified “payor” of RSN</p>
d	<p>Data disposition.</p> <p>Data is destroyed in accordance with the DSHS IT Security Policy.</p> <p>Examples of evidence – Review of the process</p>	3		<p>DSHS data (as identified above) can be expelled from the system and space reclaimed for use.</p>
e	<p>Notification of Compromised or Potential Compromise.</p> <p>Process to notify DSHS and the PRSN within one business day if the data is compromised or potentially compromised.</p> <p>Examples of evidence – Review of the notification process</p>	2		<p>HIPAA/HITECH rules in place for nearly one year and have not been implemented by the subcontractor.</p> <p>CAP required: There needs to be evidence that policies and practices are in place, including any changes made as a result of the required risk analysis.</p>
f	<p>Data shared with sub-contractors.</p> <p>Data security provisions, for data shared with subcontractors, are included in the contract and accompanying documents.</p> <p>Examples of evidence – Review of applicable subcontracts</p>	2	<p>HIPAA Business Associate Agreement and Oath form (All subcontractors with access are required to sign, which informs of privacy requirements.)</p>	<p>HIPAA/HITECH rules in place for nearly one year and have not been implemented by the subcontractor.</p> <p>CAP required: There needs to be evidence that policies and practices are in place for data sharing, including any changes made as a result of the required risk analysis.</p>