

**FY 2011 BRIDGES Ombuds Program
Administrative Review Summary Report**
Date: December 14, 2010

Conducted by: Stacey Smith (PRSN Staff) and Mary Robuck (PRSN Advisory Board member)

Scoring range: 1-absent, 2-partially developed, 3-evidence of compliance, 4- exceeds minimum requirements, 5- consideration for regional model

#	ITEM	SCORE	COMMENTS
1. Administrative Services			
a	Ombuds program Information is made available Measure- Review marketing/informational materials.	3	Evidenced by review of agency brochures, magnets, business cards, and health fair display board. The brochure is currently being updated (delete Parent Voice info), recommend brochure be re-reviewed for non-Medicaid language with recent budget reductions prior to printing. Requested current program brochures be electronically sent to PRSN to be placed on PRSN website link.
b	Comply with PRSN Fraud and Abuse Plan Measure– Review staff training to identify and report possible fraud/abuse.	3	Evidenced by participation in PRSN Medicaid Fraud & Abuse training on 12/11/2009. Through interview, demonstrated knowledge about reporting channels and possible scenarios.
c	Advanced Directives written information is provided and available (42 CFR 438.6.i.3, PRSN Rights) Measure- Review written information	4	Evidenced by community-based workshops and trainings throughout the region. Since last review, monthly workshops have occurred at KMHS. Workshop includes information and assistance with completing an Advance Directive. Individuals are provided a laminated card and copies to distribute to their providers. Discussed challenges with small turn-out at JMHS.
d	Programs comply with all applicable state and federal laws. Measure – Audit contract compliance and review policies and procedures.	3	Evidenced by review of DCR HR Handbook- revised section while on-site to include language.
e	ADA self-assessment of building completed Measure- ADA self- assessment tool completed	3	Evidenced by review of completed ADA assessment, done 10/28/2009.
f	Programs submit required RSN reports in a timely manner. Measure- Submission of monthly activity and Exhibit N reports	3.5	Evidenced by review of monthly activity reports and Exhibit N reports. Improved content in activity reports. Timely submission of all reports.
2. General Services			
a	Maintain confidentiality. Measure- Review Ombuds case records, documentation, and verify ROIs	3	Evidenced by review of documentation process and work space, locked doors/ cabinets and traveling (locked) file case (noted- rarely travel with PHI).

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b	Direct complaints through formal and informal channels for complaints and grievances Measure- Review staff training records. Review records for compliance with PRSN Grievance policy. Protocol for addressing client dissatisfaction with Ombuds services.	*3	Evidenced by review of P&Ps, definition of "case" and discussed examples. Recommendation: Outline an internal process for addressing a "complaint" about an Ombuds. Who and how would that issue be addressed/ resolved.
c	Remain accessible to consumers, including a toll free phone number. Measure- Verify toll free number and accessible	3	Contact information is well advertised. Evidenced in various marketing material. Program provides office/phone coverage during business hours.
d	Receive and investigate concerns at the request of an individual. Measure- Review call log, RIO process, and investigation process	4	Evidenced by explanation of process- initial call, RIO sent/ received, case established, investigation, action steps and resolution offered. Maintain electronic case documents that are accessible through a shared drive.
e	Assist in conflict resolution to resolve concerns and complaints at the lowest/ most local level. Measure- Ombuds Manual for Investigation and Resolution P&P, review informal complaints process	4	Evidenced by review of no grievances filed in the past 12 months. All issues of concern have been addressed at the lowest level. Reviewed P&Ps- mission statement and Ombuds Services P&Ps.
f	Assist and advocate for clients and family members in voicing complaints with the provider, PRSN, or DSHS (DBHR). Measure- Review case notes	3	Evidenced by discussions with Ombuds staff and random review of call log.
g	Responds to issues of concerns in a timely manner; closes cases in a timely manner. Measure- Review logs for response times, Exhibit N for closed cases status.	*3	Evidenced by review of Exhibit N- long standing open cases. Average number of days "open" for a case- 45. Recommendation: Reduce number of open days. .
h	Tracks data and trends regarding dignity and respect issues Measure- Review data collections and tracking trends	4.5	Evidenced by review of various reports- monthly activity reports, QRT & QUIC verbal reports, and Exhibit N. Noted as #1 item of complaints the past 12 months. Interested in working with PRSN QUIC in establishing a PIP to address issue. Flexible and willingness to participate in regional work groups.
i	Actively outreaches to consumers and family members to inform them of services and provide assistance with issues of dissatisfaction. Measure- Review outreach activities, how services are publicized	4	Evidenced by review of monthly outreach activities noted on the activity reports. Program strongly encourages outreach to individuals in the community. Outreach to network agencies and NAMI affiliates range from weekly to monthly.
j	Coordinates and collaborates with allied system advocacy and Ombuds services to improve the effectiveness of advocacy and to reduce duplication of efforts for shared clients (WAC) Measure- Review case examples	3	Discussed cases that coordinate/ overlap with DDD, WSH, jails, schools, and CCS. With the Parent Voice contract ending this month, they anticipate an increase in Childrens systems involvement.

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k	Refer matters to mediation, when possible and appropriate. Measure- Review case record that was referred to mediation services.	3	Discussed 3 cases that were referred to mediation. DRC provides mediation services. All BRIDGES staff are strongly encouraged to attend mediation training. Some Ombuds are certified mediators.
3. Quality Assurance Activities			
a	Participate on the PRSN Quality Improvement Committee and makes recommendations to improve the quality of services provided through the network, based on investigation and reporting trends. Measure- Review participation in QUIC and QRT	4	Evidenced by active participation on QUIC, QRT, and PRSN Advisory Board meetings. Demonstrated willingness to participate in regional work groups (such as Grievance re-design and Metabolic Project) . Prepared with information. Successfully fulfills a key position in voicing client's stance/ concerns, while demonstrating flexibility in negotiating a "happy middle ground" with those of opposing views and agendas. Always a team player.
b	Program improvements. Efforts to target and improve BRIDGES program services or areas needing improvement. Able to demonstrate steps to address issue(s). Measure- Review staff meeting notes or other documentation	*3	Evidenced by review of recent client satisfaction survey, completed baseline. Next survey will be conducted in 6 months. Recommendation: Continue with plan to complete next survey, compare results, and identify an area to improve.
4. Enrollee Rights			
a	Posted general enrollee rights in all prevalent languages. Measure- Has rights available in prevalent languages.	3	Evidenced in office @ DRC and available to reference on-site at the CMHAs.
b	Ombuds is aware of client rights regarding a second opinion. Measure- Staff interview	3	Evidenced by staff interview. Ombuds staff are aware of client rights. Discussed "rights" of non-Medicaid individual requesting a second opinion for an intake assessment.
c	Ombuds is aware of a client's rights regarding choice and change of providers. Measure- Staff interview	3	Evidenced by staff interview. Ombuds staff are aware of client rights. Discussed rights of non-Medicaid individual requesting a change of providers- may not be possible due to payor specific provider (Medicare example).
5. Utilization and Resource Management			
a	Demonstrate understanding of authorization requirements and process. Measure- Staff interview	3	Evidenced by attendance of PRSN UM Training on 12/11/2009.
b	Demonstrate knowledge of appeal process for clients when services have been denied or reduced. Measure- Staff interview.	3	Evidenced by attendance of PRSN UM Training on 12/11/2009. There have been no appeals requesting Ombuds assistance- most appeal cases have a designated provider advocate.

6. Personnel			
a	Ensure number of qualified staff to provide age and culturally appropriate services. Measure - Review monthly activity reports for program.	3	2 FTE staff and 1 .5 FTE Ombuds staff. Program welcomes volunteers and interns. DRC has a formal volunteer/intern introduction process.
b	Ombuds staff have not been employed by a service provider two years previous to hire, unless with PRSN notification or DSHS approval Measure – Personnel records.	NA	Does not apply- no new Ombuds staff have been employed at a network provider agency.
c	Neither employ or contract with person excluded from participation in Federal Health Care programs, including WSP background check. (2.3.6.1) Measure- Federal website and WSP verification documentation in personnel files for staff hired <i>within the past 12 months</i> .	3	Evidenced by review of personnel files. OIG website was verified for all new staff. Note: OIG printout was provided via FAX (needs to be placed in personnel files). In addition, PRSN conducts monthly OIG verifications- no concerns noted.
d	Review of agency employee files for supervision, training, and/or evaluation plans Measure- Review all personnel files for evidence of training (state sponsored Peer Support or BHC, ect) documents, evaluation plans, and supervision logs.	3	Evidenced by review of personnel files. All staff hired for 12 months or longer had an evaluation and training plan.
e	Review of Exit Interviews from recently departed staff (within the past 12 months) Measure- Review Exit Interviews if applicable.	4	BRIDGES has collected 2 exit interviews (from departed Ombuds) and plans on conducting exit interviews with Parent Partners at end of month. PV support groups have informally conducted exit interviews with group members.
f	Signed statements are maintained on file acknowledging understanding and agreement to abide by HIPAA requirements. Measure – Review all personnel files, HIPAA training	3	Evidenced by review of personnel files and participation in PRSN HIPAA Training last month.
h	Staff interviews (see staff interview questions) Measure- Conduct Staff interview(s)	3	Staff interview was conducted as a group. Full participation.

Staff Interview Questions & Responses

Staff interviewed: Mary Hancock, Karen, Karla, & Jessica

1. **True** or False.
An individual can request a Fair Hearing, prior to exhausting the local Grievance process.
2. Do you know how to access Interpreters/ Hearing Impaired services, if they were needed for a client requesting your services?
Answer: Interpreter Services & hearing impaired services are accessed in the following ways:
 1. **ATT Language Line or TTY (for hearing impaired)**
 2. **Certified interpreter is scheduled for face to face appointment (interpreters can be identified at local community colleges, website listings with MAA, and through existing professional services contracts)**

PRSN provided the following additional answers:

 1. **Other: Email (with hearing impaired) or other electronic devices are available to assure communication.**
 2. **Certified bi-lingual agency staff**
3. **True** or False.
A client with special health care needs shall have unencumbered access to a MHP.
4. If a client or family member requested a second opinion, what are the next steps?
 - a. For an intake assessment:
 1. **For Medicaid: If it is regarding an intake decision and not meeting criteria, a second opinion must be provided within 30 days from request. This is done by conducting another intake assessment by another MHP.**
 2. **(PRSN clarified) For non-Medicaid: If an intake determines an individual ineligible for services due to lack of resources, then a second opinion is not required.**
 - b. Regarding diagnosis or treatment strategy:
For an enrolled client in Outpatient services (regardless of funding source): If it is regarding a diagnosis or medication decision, the agency is required to provide the second opinion. Typically this is done by scheduling the person with another provider (medical or clinician) as soon as possible. We strongly encourage notification of the request to the direct supervisor.
5. If a client requested a change of providers, what are the guidelines (timeframes) listed on the PRSN Client Rights form?
An individual can make a request within the first 30 days (of assessment), one time the first 90 days, and once every 12 months or whenever with good cause. We discussed how the PRSN interprets the "good cause" and how budget reductions and payor specific caseloads may make this a more difficult request in the future.
6. Are you aware of your roles, responsibilities, and communication channels when you are concerned of agency or staff Medicaid Fraud and Abuse?
Discussed and provided an example of what they may be involved in "discovering/ reporting a concern" in their daily job. Identified the PRSN Compliance Officer as a reporting entity.
7. Please give an example of when you had the opportunity to advocate for a client so that they were not denied, limited, or discontinued medically necessary mental health services?
Provided an example of an individual that needed assistance requesting a second opinion for services- individual was successful in entering services.

8. Please explain the Ombuds role in the appeal process for a client whose mental health services have been denied or reduced.

Discussed how most appeal cases have a designated provider advocate and do not require Ombuds assistance. Briefly reviewed how an appeal (regarding issues of authorization) is different than a complaint/ grievance.

9. From your perspective, what are the top three mental health service delivery issues most commonly addressed through the Ombuds program?

***In 2010: 1. Dignity & Respect
2. OP Access
3. Physician & Medications***

10. Please provide the PRSN feedback about how our office could assist in the quality improvement of services provided through the Ombuds program?

BRIDGES staff identified an increase in PRSN funding to increase staffing. They would like to increase the .5 FTE position to 1. FTE. Discussed likelihood of increased calls in the coming months due to the recent budget reductions.