

**JMHS Administrative Review Summary**  
**March 9, 2011**

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

#	ITEM	SCORE	COMMENTS
<b>1. Administrative Services</b>			
a	Participation in local emergency/ disaster events Measure- Local FEMA Coordinator/ coordination efforts	3	As evidenced by review of current policy which demonstrates comprehensive coordination with community emergency management agencies. Inspection of community wide meeting notes indicate thorough preparedness and planning processes.
b	Comply with PRSN Medicaid Fraud and Abuse Plan Measure- Review agency Plan/ staff training	3	As evidenced by review of Compliance Plan and policies, random staff interview, and personnel records for recent training. Compliance Officer- Erik Nygard
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.	3	As evidenced by review of agency internal compliance file –one concern noted and investigated (unfounded).
d	Comply with PRSN Grievance Policy Measure- Review agency complaint policy and complaint file for responsiveness	3*	As evidenced by review of 2005 Grievance policy and Complaints file (5 written in past 12 months). Tracking compliance trends through QM Committee. Recommendation: Revise agency Compliant/ Grievance policy, as scheduled, to current process with regional definitions.
e	Comply with “all applicable state and federal laws”. Measure – Audit contract compliance and review policies and procedures for language.		
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		
g	Review DMHP safety policy; comply with state contract Marty Smith safety outreach protocols. Measure- Review agency policy	4	As evidenced by the relevant policies and training material developed by JMHS.
h	Review agency process for segregating DSHS and non-DSHS data/ information. Measure- Agency policy and process for “flagging” payor source (frequency of verifying payor such as monthly, by whom at the agency, ect)	3*	As evidenced by a review of the procedures with Tonya Ferguson and billing staff.  Recommendation: The process needs to be in writing, especially considering the upcoming departure of the lead staff on this process (Josh).

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i	Review agency policies, verify updated and reflect current practice/ acronyms (DBHR, Profiler, delete Ex. N reporting requirements, PCPC coordination, ect) Measure- Review agency RSN-related policies	4	As evidenced by review of Timeline for Procedures document. Documented internal audit of policies that were updated, as well as identified specific documents to be updated with timeline for completion.
<b>2. General Services</b>			
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		
b	Provide written Interpreter Services notifications in prevalent languages (PRSN Rights) Measure- Staff Interview #1		
c	Mechanism to ensure enrollee notification/implementation of applicable (direct service related) changes in state law. Measure- Review agency policy and evidence (if applicable)	3	As evidenced by review of current policy and demonstration of how recent funding changes impacted clients through provision of PRSN letter/brochure.
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.	3	As evidenced by review of streamlined policy reflecting multiple points throughout treatment process that provides education and opportunity for clients to participate in the development of advance directive for their care. Review of two clinical records reflect practical and current examples.
e	Psychological assessments and services are made available. Measure- Review chart(s) of examples, verify staff specialists list for internal resources		
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	As evidenced by review of Excel tracking call log, available on Shared Drive. Complaints are tracked separately through QM process.
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	3	As evidenced by a review of the JMHS seclusion and restraint policies. It was also noted that employee files had a signature indicating receipt of the policy.
h	Comply with PRSN Residential Services Plan Measure- Review agency residential plan, if applicable.	3	As evidenced by a review of the agency's residential services plan.
i	Medicaid clients, only: Evidence of client notification of primary clinician terminated (no longer employed at agency) in clinical chart, within 15 days of separation. Measure- Review chart(s) of examples, verify written or verbal notification provided. (includes plan for re-assignment, new contact provider name, and who to contact with questions).	2.75	As evidenced by review of 2 clinical records that demonstrated 2009 transitional planning with clients due to staffing change, but given the amount of employee turnover in last year does not sufficiently cover all potential situations.  <b>Corrective Action required</b>

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<b>3. Crisis Services</b>			
a	Regardless of funding sources, provides crisis response services Measure- CMHC random data pull		
<b>4. HIPAA</b>			
a	Comply with PRSN Privacy Statement/ Practices and agency HIPAA security policies Measure- Review agency policy and procedures, PRSN Privacy Statements made available (see HIPAA checklist)	3*	As evidenced by review of HIPAA, Due Diligence, Emergence Response, Disaster Recovery, and Data Management policies; and interview with HIPAA Officer Sam Markow. HIPAA policies were updated since the last review. The HIPAA policies are in very good order. Risk assessments for security are done but not documented.
b	Demonstrate HIPAA privacy practices Measure- Private interview rooms, front reception privacy reminders, computer monitor privacy screens, conducted/ completed risk assessment (see HIPAA checklist)	3*	
<b>5. Quality Assurance Activities</b>			
a	Quality Management Plan is present and reflects applicable WACs and Contract terms. Measure- Review of agency QMP (see QA checklist)	3.5	As evidenced by a review of the JMHS QM Plan, specifically the section on QM policies/procedures.
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)	3*	As evidenced by a review of the JMHS QM Plan and monthly Committee meeting notes. Recommendation: Incorporate client voice and participation into the QA process. PCP coordination and medication efficacy could be easily demonstrated through the agency chart review process.
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	As evidenced by a review of the JMHS Sentinel Event file which is congruent with what has been reported to PRSN during last year.
<b>6. ADA Compliance</b>			
a	Ensure ADA building accessibility compliance (PRSN Rights) Measure- Review Agency ADA self-assessment	3	As evidenced by review of ADA self inspection checklist that was completed in 5/2010 and accurately reviewed both buildings on campus.

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<b>7. Enrollee Rights (Clinical Chart documentation)</b>			
a	Second opinion appointments occur within 30 days, when requested. <ul style="list-style-type: none"> <li>2nd Intakes for non-Medicaid, within available resources.</li> </ul> Measure- Evidenced by sample of clinical charts and staff interview # 4		
b	Choice and change of providers is provided, when requested. Measure- Evidenced by sample of clinical charts and staff interview # 10		
c	Clients have access and right to review their clinical file. Measure- Evidenced by sample of clinical charts		
d	Agency policy on individual requesting/ accessing medical records Measure- Agency policy	3	As evidenced by review of current policy and staff interview which clearly demonstrates efficient procedure and practice.
e	Release of Confidential information- how is disclosure documented? Measure- Review agency policy and mechanism	3	As evidenced by review of current policy and staff interview which clearly identified efficient procedures and practice.
<b>8. State Hospital And Ancillary Services Liaison</b>			
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	3	PRSN staff responsible for this duty. One youth at CSTC for forensic evaluation in last year. Care coordinated by T. Bingham through participation in treatment review meetings and brokering with JMHS to transition services efficiently.
b	WSH: Participate in the transition/ discharge planning, resource management and written Working Agreements with WSH. Measure- Interview agency WSH liaison		
<b>9. Regional Projects &amp; PIPs</b>			
a	Ensure agency provides follow-up to individuals recently discharged from community hospitals within the required timeframes (PIP). Measure- Review agency policy	3	As evidenced by interview with Erik Nygard. JMHS continues to have a protocol for ensuring follow-up within 7 days for clients discharged from a psychiatric hospitalization.
b	Participate in the development/ implementation of PRSN under and over-utilization protocols. Measure- Data pull and QUIC participation	3	JMHS staff members participate in over and under utilization projects when requested.
<b>10. Posted Information and Walk-through Activities</b>			
a.	Ombuds Information available Measure- Brochures and/or flyer in reception/ main lobby, space used for Day Treatment/ Clubhouses, and out-stations		
b	Posted "Point to Your Language" sign Measure- Posted in reception/ lobby		
c	Posted Advance Directive information Measure- Posted in reception/ lobby (new PRSN brochure dated 2/08)	3	As evidenced by inspection of lobby/foyer which contained posted information and ample supply of brochures.
d	Posted general enrollee rights in all prevalent languages. Measure- Posted in publicly accessed areas		

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e	PRSN or agency brochure / information explaining available benefits. Measure- Available benefits information is made available.	3	As evidenced by inspection of lobby/foyer which contained sufficient supply of PRSN brochures.
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		
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.		
i	(KMHS, only) E&Ts walk- through for : <ul style="list-style-type: none"> <li>• Posted Client Rights- OP and InPt</li> <li>• HIPAA Privacy Practices – private interview rooms, privacy screens, ect.</li> <li>• Ombuds Information – brochures or flyer posted</li> <li>• Security and Safety- review unit inpatient policy</li> </ul>		
<b>11. Personnel: 5 DMHP and 4 random personnel files; conducted 3 staff interviews (approximately 25 direct service staff)</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	3.5	As evidenced by review of agency organizational chart. A number of minority specialists have been added since the last review (Asian, DDD, geriatric, and native American). Plan to continue to contract for African American and Latino wit Harvey Montgomery.  Discussed concerns regarding loss of Child Psychiatrist consultant resource and plans to replace resource for current medical staff.
b	Neither employ or contract with person excluded from participation in Federal Health Care programs. Measure- Random review of 10% of personnel files of recently hired staff for website check (see Personnel checklist)	4	As evidenced by 100% review of DMHP and random staff personnel files. All files demonstrated evidence.
c	Verify monthly exclusion process; agency monthly attestation letters Measure- Interview personnel staff involved in monthly process	4	As evidenced by review of monthly OIG printouts for each staff, every month since August 2010.
d	Random sample review of agency employee files for training and/or evaluation plans Measure- Random review of 10% of recently hired staff (see Personnel checklist)	4	As evidenced by 100% review of DMHP and random staff personnel files. All files demonstrated evidence.
e	Signed statements are maintained on file acknowledging understanding and agreement to abide by HIPAA requirements. Measure – Random review of 10% of recently hired staff (see Personnel checklist)	4	As evidenced by 100% review of DMHP and random staff personnel files. All files demonstrated evidence.
f	Agency staff have received HIPPA training. New staff receive training within 30 days of start date. Measure – Random review of 10% of recently hired staff (see Personnel checklist)	4	As evidenced by 100% review of DMHP and random staff personnel files. All files demonstrated evidence.
g	Verify Medicaid fraud and abuse training. Measure – Random review of 10% of recently hired staff (see Personnel checklist)	4	As evidenced by 100% review of DMHP and random staff personnel files. All files demonstrated evidence.

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h	Verify Safety and Violence Prevention training occurs annually. Measure- Random review of 10% of recently hired staff & DMHPs (see Personnel checklist)	4	As evidenced by 100% review of DMHP and random staff personnel files. All files demonstrated evidence.
i	DMHPs only: Evidence of deputized date in personnel file. Measure – Random review of 10% of DMHPs (see Personnel checklist)	4	As evidenced by 100% review of DMHP staff personnel files. All files demonstrated evidence.
j	Random sample of Exit Interviews from recently departed staff (within the past 12 months) Measure- Random review Exit Interviews for trends	3	As evidenced by review of 4 completed exit interviews from recently departed staff. Trend noted- intense/ high caseloads and pay.
k	Verify no Physician Incentive Plan(s) Measure- Random review of Physician personnel records (FTE staff and contractors)		
l	Staff interviews (see attached, staff interview questions) Measure- Conduct Staff interviews with 10% of direct service staff	3	Completed 3 random staff interviews- no concerns noted.