

**KMHS Summary Review Report
February 28, 2011**

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

#	ITEM	SCORE	COMMENTS
1. Administrative Services			
a	Participation in local emergency/ disaster events Measure- Local FEMA Coordinator/ coordination efforts		
b	Comply with PRSN Medicaid Fraud and Abuse Plan Measure- Review agency Plan/ staff training	3	As evidenced by review of agency Compliance Program and recently revised Plan, staff interviews, November All-Staff meeting training, and interview with Compliance Officer, Elena Argomaniz.
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 Compliance Program, Compliance Committee meeting notes, KMHS Board meeting notes, and compliance log. The log is used to record and track concerns reported by staff. Occurrences that are identified and addressed internally are not recorded on log.
d	Comply with PRSN Grievance Policy Measure- Review agency complaint policy and complaint file for responsiveness	3	As evidenced by review of KMHS Complaint and PRSN Grievance policies. Noted: 3 out of 3 complaints past quarter shared similar concern.
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	3	As evidenced by a review of the KMHS policy addressing outreach safety policies and protocols.
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 KMHS written procedure on how DSHS and non-DSHS data is "flagged" and how the payor is identified.
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 KMHS policies that were updated, as well as identified specific documents to be updated with timeline for completion.

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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		
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	Evidenced by review of current policy.
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	Evidenced by review of current policy and examination of clinical practice that includes clear provision of information.
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	4	Evidenced by review of Access Center call log, CRT daily call log, and agency Complaint tracking log. These are maintained by various departments. Copies of logs in back-up file.
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*	Evidenced by review of current policies covering outpatient, residential and inpatient procedures *Recommendation: Review and correct YIU Policy 2g. Item #4 to accurately reflect actual number of minutes (currently blank).
h	Comply with PRSN Residential Services Plan Measure- Review agency residential plan, if applicable.	4	Evidenced by a review of the KMHS Residential Services plan. The plan is comprehensive and includes the values of the agency, as well as plans for expanding residential services.
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).	3	Evidenced by review of current policy and procedure and demonstrated by examination of clinical records that support efficient completion of this process.
3. Crisis Services			
a	Regardless of funding sources, provides crisis response services Measure- CMHC random data pull		

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4. HIPAA			
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 HIPPA Privacy and Security Policies, interview with Elena Argomaniz (KMHS HIPAA Privacy Officer), and Tracy Thompson (KMHS HIPAA Security Officer).
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*	<p>Policies were updated since last review, including the disaster Recovery and Back-up plans, and Business Associate agreements. Additionally a risk assessment was started, and compliance log was created and used, which included security/breach risk incidents.</p> <p>There is a plan to provide all staff training on the breach notification policy in June.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Continue to identify and address security risks • Update training policy to include breach notification requirements • Clearly identify who the HIPAA Security/Privacy Officers are in policies, including policies describing to whom complaints and reports of security incidents should be made, and ensure this information is provided in all staff training on HIPAA • Include plan to provide physical access in disaster plan • Include specific expectations on password management in policies and training • Ensure that all aspects of the Information System, including remote access, meet the technical guidelines for security as identified by HITECH • Ensure that all aspects of 45 CFR part 164 are met in policy and practice.

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5. Quality Assurance Activities			
a	Quality Management Plan is present and reflects applicable WACs and Contract terms. Measure- Review of agency QMP (see QA checklist)	4	As evidenced by review of the following policies: Coordinated Quality Improvement Plan, K-1 Quality Management, K-3 QM Clinical Chart Reviews, K-4 QA-I Committee, and K-5 Extraordinary Incidents; minutes from the following meetings: Consumer Voice Meeting Minutes, QA/I Committee Meetings, System Meeting, Safety and Security Meetings; medical provider chart review reports and examples of standard chart reviews, and interview with LaVonne Fachner and Elena Argomaniz. The Quality Management Plan and policies are thorough and reflect applicable WACs and Contract terms. Participation in an ongoing QM process is evident in the meeting minutes and multiple improvement projects.
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	
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		
6. ADA Compliance			
a	Ensure ADA building accessibility compliance (PRSN Rights) Measure- Review Agency ADA self-assessment		
7. Enrollee Rights (Clinical Chart documentation)			
a	Second opinion appointments occur within 30 days, when requested. • 2nd Intakes for non-Medicaid, within available resources. 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	Evidenced by review of agency policy and supported by inspection of comprehensive procedures that effectively facilitate this process.
e	Release of Confidential information- how is disclosure documented? Measure- Review agency policy and mechanism	3	Evidenced by review of agency policy and supported by inspection of comprehensive procedures that effectively facilitate this process.

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8. 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	4	Evidenced by routine consultation with CLIP coordinator and active concurrent planning processes which has revealed stellar participation, coordination and advocacy.
b	WSH: Participate in the transition/ discharge planning, resource management and written Working Agreements with WSH. Measure- Interview agency WSH liaison	4	As evidenced by interview with Nicole York, liaison supervisor and the RSN's ongoing monitoring of WSH Census-related activities. During the last year KMHS has been very active in transition/discharge planning at the state hospital.
9. Regional Projects & PIPs			
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 Nicole York and Denise Hughes. Efforts to track clients who are discharged from psychiatric hospitalizations and follow-up with them in a timely manner in accordance with the PIP intervention plan are present for the adult program. The older adult program has some unique challenges regarding coordinating with nursing homes. Recommendation is to work with PRSN to identify specific trends and problem-solve to ensure older adults receive a follow-up appointment within 7 days of their psychiatric inpatient discharge.
b	Participate in the development/ implementation of PRSN under and over-utilization protocols. Measure- Data pull and QUIC participation	3	
10. 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		
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	Evidenced by inspection of available stocked informational brochures in lobby.
d	Posted general enrollee rights in all prevalent languages. Measure- Posted in publicly accessed areas		
e	PRSN or agency brochure / information explaining available benefits. Measure- Available benefits information is made available.		

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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"> • 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 		
11. 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	4	As evidenced by review of agency organizational chart, staff directory, staff interviews, and regional specialists and EBP trained directories. 3 additional minority specialists added since last review. Noted: Outstations closed within the past year (North and South offices); PRSN will track public transportation concerns that arise.
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)	3	As evidenced by review of 8 recently hired staff (out of 96) and 100% of DMHPs (including on-calls). Verified each staff name was on monthly OIG Exclusion checklist. Agency attested monthly to verifying staff names, beginning August 2010.
c	Verify monthly exclusion process; agency monthly attestation letters Measure- Interview personnel staff involved in monthly process		
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)	3	As evidenced by review of 8 recently hired staff (out of 96) and 100% of DMHPs (including on-calls). Majority of DMHPs included current plans and goals (excluding on-call DMHPs). Majority of new staff <i>did not</i> have annual evaluation or training plans- not scored.
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 review of 8 recently hired staff (out of 96) and 100% of DMHPs (including on-calls). 100% verification.
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)	3	As evidenced by review of 8 recently hired staff (out of 96) and 100% of DMHPs (including on-calls). Majority evidenced HIPAA training within 30 days of start date. Some new hires did not maintain employment for 30 days.

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g	Verify Medicaid fraud and abuse training. Measure – Random review of 10% of recently hired staff (see Personnel checklist)	3	As evidenced by review of 8 recently hired staff (out of 96) and 100% of DMHPs (including on-calls). Majority evidenced training.
h	Verify Safety and Violence Prevention training occurs annually. Measure- Random review of 10% of recently hired staff & DMHPs (see Personnel checklist)	3	As evidenced by review of 8 recently hired staff (out of 96) and 100% of DMHPs (including on-calls). Agency provides specialized safety training for OP, DMHPs and Inpt staff. Tailored to position. Training rosters evidenced attendance.
i	DMHPs only: Evidence of deputized date in personnel file. Measure – Random review of 10% of DMHPs (see Personnel checklist)	3	As evidenced by a review of 100% of DMHP personnel files.
j	Random sample of Exit Interviews from recently departed staff (within the past 12 months) Measure- Random review Exit Interviews for trends	4	Evidenced by summary report of separated employees for CY 2010. 45 total separations- 12 due to new job, 8 low job performance, 3 relocation, and 3 retired. Agency conducts an annual comparison study of (agency) retention to national statistics. Retention rate remains steady and comparable to national average.
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	8 interviews	*Recommendation: Compliance Program: Provide refresher training that supports employee knowledge of current agency Compliance Officer and identified resources outside of their direct supervisor (such as PRSN compliance officer, DBHR hotline/compliance officer, and/or CMS compliance hotline/ contact info).