

2011 PCMHC Administrative Review Tool
Date: June 6-7, 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	4	As evidenced by a review of policy and interview with staff.
b	Comply with PRSN Medicaid Fraud and Abuse Plan Measure- Review agency Plan/ staff training		
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.	4	As evidenced by all-staff Compliance training. Reviewed the internal agency PI Internal Audits Committee (approximately 35 chart reviews monthly) process. One day a month is selected to review services provided- verify client sign-in at front desk, appropriate codes, and therapeutic content is documented in clinical chart. There have been no reported allegations in the past 12 months.
d	Comply with PRSN Grievance Policy Measure- Review agency complaint policy and complaint file for responsiveness	3	As evidenced by review of 2.2 Complaint policy (revised 10/10), Complaint/ Grievance log, and resolutions with written correspondence to individuals that have brought complaints forward. 8 complaints in 2011 fiscal year- no trends.
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 VI 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	2	Corrective action required: The crisis outreach policy needs to be updated to include the Marty Smith Bill language. Required language will be sent to the Crisis Team supervisor.
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 interview with staff. It is recommended this process needs to be put into writing, to include how payor source is flagged and how consumer funding is checked on a regular basis.

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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	3*	As evidenced by review of all P&Ps. A majority of the policies have been updated. However, the following documents need to be reviewed: <ul style="list-style-type: none"> Quality Management Review Reports Monitoring (out of date) HIPAA Security Policy DRAFT (should be reconciled with other policies and finalized) 2009 PRSN Manual needs to be replaced with 2011 version 2009 PRSN Specialists Directories need to be replaced with 2011 versions
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*	As evidenced by review of Client Notification of Services Changes Due To State law policy. It is recommended this policy be added to the electronic policies. The process was also demonstrated through the reduction of state revenue and how client were informed of change/ reduction of services.
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 through a tracking report available in Profiler. However, information has not been added to Profiler that would create the report. . The agency did have an internal tracking report that identified 4 executed Advance Directives located in the clinical chart.
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 a review of Access call logs and interview with Sarah Perry. The logs are hand-written logs where each call is recorded, including type of call, date, and resolution. Norm Bernahl maintains the Complaints/ grievance logs (see item # 1c of this report).
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 agency policy.

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h	Comply with PRSN Residential Services Plan Measure- Review agency residential plan, if applicable.	3*	As evidenced by a review of the residential policy. It is recommended that the plan be updated (last update 2006) to include current 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	As evidenced by a review of clinical documentation located in three clinical charts that informs a client that their assigned clinician was leaving the agency.
3. Crisis Services			
a	Regardless of funding sources, provides crisis response services Measure- CMHC random data pull		
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*	The following policies were reviewed: Confidentiality Policy, Medical Records, Records Security, Disaster Plan, HIPAA Security Implementation including risk assessment, Computer and Network Usage, HIPAA Security Policy Draft, and Availability of Consumer Information. Consultation with John Danks and Norm Bernahl, and medical Records staff was provided when requested. It is evident that policies have been updated in the past year. A risk analysis and plans to address vulnerabilities were implemented, and the Breach Notification Rule was incorporated to staff training. Policies are overall complete, however there are a few recommendations: <ol style="list-style-type: none"> 1) Include a policy describing your process for Accounting of Disclosures in your regular policy manual. 2) Develop a clear and formalized process and policy for tracking and documenting movement of hardware and other electronic media within the agency. 3) Reconcile the HIPAA Security Policy DRAFT with other HIPAA Security policies and ensure that all required security rules are included in the final policy manual.

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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*	As evidenced by review of the HIPAA Security Implementation including risk assessment, and observation of the front desk area and walk through of building. Physical records were inaccessible to unauthorized persons, and computer screens were not visible. Conversations in clinic rooms were not audible. PCMHC demonstrates conscientious privacy practices. Another practice that could fortify the protection of PHI is to address any vulnerability that may arise from potential use of personal media devices for work with PHI. Therefore PRSN strongly recommends the following: <ol style="list-style-type: none"> 1) To raise awareness among clinical staff regarding PCMHC's policy against the use of personal media devices for work purposes through security awareness reminders or some other strategy. 2) Reinforce awareness among staff of the risks to client privacy and agency liability should a breach of unsecure client information occur.
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 the review of the Performance Improvement Plan, the Quality Management Plan and Committee meeting minutes, and interview with Norm Bernahl.
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)	4	PCMHC has an inclusive and active plan. The plan and practice include staff from all areas of the agency and has a strong consumer voice component.
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. <ul style="list-style-type: none"> • 2nd Intakes for non-Medicaid, within available resources. Measure- Evidenced by sample of clinical charts and staff interview # 4		

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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 interview with medical records staff. There is a clear process for medical records access when there is a request.
e	Release of Confidential information- how is disclosure documented? Measure- Review agency policy and mechanism	3	As evidenced by interview with medical records staff. There is a clear process for accounting disclosures. (Also see section 4.HIPAA of this report)
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	defer	Deferred due to no CLIP usage this fiscal year.
b	WSH: Participate in the transition/ discharge planning, resource management and written Working Agreements with WSH. Measure- Interview agency WSH liaison		
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 Wendy Sisk.
b	Participate in the development/ implementation of PRSN under and over-utilization protocols. Measure- Data pull and QUIC participation	3	As evidenced by PRSN observation of PCMHC participation in PRSN QA/QI activities related to over/underutilization.
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 supply of brochures in lobby and supplemental information posted clearly on information board in agency foyer.
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	3	As evidenced by interview with medical records staff. There is a clear process for medical records access when there is a request.
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	As evidenced by the State Department licensures and certifications for CMHC and Evaluation and Treatment present in the lobby. Occupancy permit was also noted.
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: Reviewed 12 personnel files (including 8 DMHPs) and interviewed 5 direct service staff			
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, staff directory, staff interviews, and regional specialists and EBP trained directories. Caseloads number range from 40-70 for FTE staff (mix of 1:1 and groups. Payors include PRSN, county subcontracts, and private pay). Currently, two internal staff are completing Native American minority specialists credentials. HR is researching Asian and African American subcontractors.
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)		
c	Verify monthly exclusion process; agency monthly attestation letters Measure- Interview personnel staff involved in monthly process	4	As evidenced by interview with Anita Mauer; reviewing printed monthly Exclusion lists and verification of personnel names confirmed.
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 a review of 12 personnel files. Some long-term staff did not have evidence of HIPAA training in their personnel files.
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)		
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 a review of 12 personnel files. Some long-term staff did not have evidence of HIPAA training in their personnel files.
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 12 personal files. Majority evidenced training.

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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)	3*	As evidenced by a review of 12 personnel files and the agency training plan. The agency has implemented safety training since the last visit. However, not all staff have received training. It is recommended that all clinical staff receive the required training annually.
i	DMHPs only: Evidence of deputized date in personnel file. Measure – Random review of 10% of DMHPs (see Personnel checklist)	3	As evidenced by review of 12 personal files. Majority evidenced deputization letter.
j	Random sample of Exit Interviews from recently departed staff (within the past 12 months) Measure- Random review Exit Interviews for trends		17 exit interviews were reviewed. One trends noted: identified Profiler as a stressor.
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		5 random staff interviews completed. Specific areas that staff were unfamiliar: <ul style="list-style-type: none"> • Accessing language line • Naming PCMHC Compliance Officer (Norm B.) • Client Rights regarding requesting a new provider timeframes (30 days, <u>90 days</u>, and 12 months) Staff shared concerns regarding “full capacity” of caseloads with various payors. Discussed 50% productivity expectation (as an agency and regional standard).