

**WEOS Administrative Review Tool**  
**August 15-16, 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		
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.	3	As evidenced by phone contact with hospital designated Compliance Officer, Elizabeth Floershein. Discussed hospital internal tracking system and oversight provided by the Compliance Committee. Quarterly Fraud & Abuse trainings are available through the hospital. * One allegation reported in the past 12 months- due to lack of information, case was unfounded.
d	Comply with PRSN Grievance Policy Measure- Review agency complaint policy and complaint file for responsiveness	3	As evidenced by review of policy and tracking file. Two mental health complaints have been recorded and satisfactorily addressed in the past 12 months.
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	3	As evidenced by review of policy and procedure.
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ect)	3*	As evidenced by interview with Audrey Grafstrom and review of Computer Data Systems Security procedures (outdated) policy. There is a distinct process for entering and verifying payor source that flags the services data as PRSN services. However, there are no written procedures for the current practice. Recommendation: Formalize the current practice in writing.

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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	2	As evidenced by review of current paper-based manual. Many polices are outdated or require revisions/ updates.  <b>CAP required.</b>
<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)	defer	As evidenced by review of agency policy at last annual review. Deferred because there have been no changes to state law since last review.
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.		
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	As evidenced by review of Grievance log (started 5/2009 to date) and Access Tracking excel spreadsheet located on agency shared drive. Both tracking sheets include all calls received, including CD clients. <i>Exemplary model</i>
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 review of policy and procedure.
h	Comply with PRSN Residential Services Plan Measure- Review agency residential plan, if applicable.	3	As evidenced by review of plan and ongoing coordination with agency staff.
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 review of 5 Profiler charts that demonstrated face to face discussions of clinician leaving agency and plans for on-going treatment/ transitioning to another provider.
<b>3. Crisis Services</b>			
a	Regardless of funding sources, provides crisis response services Measure- CMHC random data pull		
<b>4. HIPAA</b>			

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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)	2	As evidenced by review of the following policies: Confidentiality of Consumer Information, KMHS CIS Security Policy (1996), MIS Computer Data/Security Policy, Access to Consumer Records, Clinical Record Documents, Administrative and Facility Section of the policy manual.
b	Demonstrate HIPAA privacy practices Measure- Private interview rooms, front reception privacy reminders, computer monitor privacy screens, conducted/ completed risk assessment (see HIPAA checklist)	2	<p>The policies pertaining to HIPAA remain unchanged compared to the previous year's review.</p> <p>The findings of the previous year remain. Policies and practices should be updated to ensure that all parts of HIPAA Security and Privacy statutes (Title 45 part 164) are addressed. Examples of items that are missing from the current policies, or need to be updated include:</p> <ol style="list-style-type: none"> <li>1. A process for reporting HIPAA violation incidents.</li> <li>2. Accurate identification of the HIPAA Privacy/Security officer (Andrea Perkins-Pepper) and staff informed of her role.</li> <li>3. Workstation security policy that includes automatic logoff.</li> <li>4. Workforce termination procedures</li> <li>5. Procedures for Media disposal and reuse</li> <li>6. Policy and procedure for consumers to request an amendment to their records or request a restriction.</li> <li>7. Update the KMHS CIS security policy (the current policy that is present in the WEOS policy manual is out of date-from 1996).</li> <li>8. Ensure that there is a current disaster plan in place.</li> <li>9. Policies that incorporate the HITECH/Breach Notification laws, including a risk assessment, development of a HIPAA breach log, and the incorporation of the Forks Community Hospital's policies and reporting processes.</li> </ol> <p><b>CAP required:</b> A complete assessment of WEOS HIPAA policies broken down by specific CFRs was sent to WEOS in an e-mail on 8/4/11.</p>

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			This should be used as a guide. This process will also include assistance from PRSN on: 1) Guidelines for completion timeframes, 2) Obtaining relevant security policies from KMHS IS, and 3) Obtaining some sample policies for some of the policies missing at WEOS.
<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*	As evidenced by review of QA policy, interview with Beatrice about auditing process, and auditing tool under development. There continue to be two Q A policies in the manual, as there has been for the last 3 reviews. The policy in the front of the section, which was most recently updated (2009) was reviewed and meets all contract and WAC requirements. <b>Recommendation:</b> Please remove outdated policy. Also remove "Appendix C" Performance Improvement Projects at the end of the QA Section, it too is outdated. Remove the plan to survey consumers, unless WEOS plans to follow through with surveys.
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 interview with Beatrice and review of audit records, and auditing tool under development. Beatrice is in the process of developing two new checklist style chart review tools to monitor clinical appropriateness and quality. <b>Recommendation:</b> Continue with development and use the tools.
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		
<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 completed assessment tools for new HOPE Center and Administration building.
<b>7. Enrollee Rights (Clinical Chart documentation)</b>			
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		

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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 review of policy and staff interview that articulated process efficiently.
e	Release of Confidential information- how is disclosure documented? Measure- Review agency policy and mechanism	3	As evidenced by review of policy and staff interview that demonstrated knowledge of p/p.
<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	defer	No children/ youth served in CLIP in past 12 months.
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 on-going participation from agency, since last review.
b	Participate in the development/ implementation of PRSN under and over-utilization protocols. Measure- Data pull and QUIC participation	3	As evidenced by on-going participation from agency, since last review.
<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		

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c	Posted Advance Directive information Measure- Posted in reception/ lobby (new PRSN brochure dated 2/08)		
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.	3	As evidenced by walk through of lobby where ample supply of brochures were readily available.
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 review of policy and staff response during interview which clearly identified the practice congruent with the policy.
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 personnel files were reviewed.</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		
b	Neither employ or contract with person excluded from participation in Federal Health Care programs. Measure- Random review of 10% of personnel files for website check (see Personnel checklist)		
c	Verify monthly exclusion process; agency monthly attestation letters Measure- Interview personnel staff involved in monthly process	3*	As evidenced by interview with Audrey Grafstrom and review of monthly attestation letters routinely submitted.  Recommendation: Maintain a list of names that are verified each month (as staff, volunteers, Board members, and subcontractors are added/ deleted).
d	Random sample review of agency employee files for training and/or evaluation plans Measure- Random review of 10% of staff (see Personnel checklist)	3	As evidenced by review of employee personnel files.
e	Signed statements are maintained on file acknowledging understanding and agreement to abide by HIPAA requirements. Measure – Random review of 10% of staff (see Personnel checklist)	3*	As evidenced by review of employee personnel files. Note: evidence for 2 employees was missing. HR was notified and it appears they attended training but this needs to be documented.

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f	Agency staff have received HIPPA training. New staff receive training within 30 days of start date. Measure – Random review of 10% of staff (see Personnel checklist)		
g	Verify Medicaid fraud and abuse training. Measure – Random review of 10% of staff (see Personnel checklist)	3*	As evidenced by review of employee personnel files. Note: evidence for 2 long-term employees was missing. HR was notified and it appears they attended training but this needs to be documented.
h	Verify Safety and Violence Prevention training occurs annually. Measure- Random review of 10% of staff & DMHPs (see Personnel checklist)	2	Corrective action required. Based on a review of personnel files, it appears DMHPs have not had any violence prevention training for at least 3 years. Agency response was that it may be included in the Hospital “mandatory” training. However, WEOS needs to document that training that meets the requirements of RCW 71.05.720 and the agency’s contract with the RSN is given to staff.
i	DMHPs only: Evidence of deputized date in personnel file. Measure –100% of DMHPs (see Personnel checklist)	3	As evidenced by review of employee personnel files.
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 a review of exit interviews from recently departed staff.
k	Verify no Physician Incentive Plan(s) Measure- Random review of Physician personnel records (FTE staff and contractors)	Defer	No physician employed at WEOS since January 2011. Previous ARNP records were reviewed during last year’s review.
l	Staff interviews (see attached, staff interview questions) Measure- Conduct Staff interviews with 10% of direct service staff	4.5	As evidenced by interview with 2 direct service staff. Staff were prepared and knowledgeable about all subject matter. There were no concerns noted.