

MENTAL HEALTH
REVIEW TOOL
INSTRUCTIONS

Mental Health Review Tool Instructions

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How to use the tool

Tool Design

| | Source Number: | Contractor Name: | | | | | | | | |
|----|--|---|---|-----------|----------------|----------------|-------|--------------|------------------------|--|
| 1 | Source Number: | Contractor Name: | Review Date: | | | | | | | |
| 2 | Category | Citation | Statement | Max Score | Total Expected | Total Observed | Score | Row Comments | Corrective Action Plan | |
| 66 | Utilization Management (UM) | §12.318.06 | The Contractor had procedures to give notice of the right to a timely and objective appeal process for individuals receiving mental health services. | 1 | 0 | | N/A | | | |
| 67 | Utilization Management (UM) | §12.318.06 | The Contractor had procedures for providing notice of the right to request a fair hearing for individuals eligible for Medicaid whose benefits were denied, reduced, suspended or terminated. | 1 | 0 | | N/A | | | |
| 68 | TANF Financial | FY13 Information Item B.1.&.3 | The Contractor provided a copy of the TANF/Title XX report submitted for CARE Report III and a list of the unduplicated CARE IDs for persons that met the eligibility requirements for the fiscal year. | 1 | 0 | | N/A | | | |
| 69 | TANF Financial | Null | Verified clients on the TANF/Title XX list of CARE ID met the federal poverty guidelines (200% above poverty level). | 1 | 0 | | N/A | | | |
| 70 | Veterans (VET) Pre-Review | FY13 SOW VET LB | The Contractor designated a single point of contact to receive and transmit information required for effective implementation and monitoring of the Veterans Program. | 1 | 0 | | N/A | | | |
| | Residential Treatment Center Integration (RTCI) Pre-Review | FY13 SOW RTCI LB.1 | The Contractor designated a Continuity of Care Officer (CCO) as the single point of contact for the RTCI program. | 1 | 0 | | N/A | | | |

Figure 1 Operations Tab

The information displayed in Figure 1 Operations Tab is described in the following content along with some instructions.

HHSC QM Reviewers enter the Source Number in cell B1 by putting the cursor after the colon and typing a number. Other reviewers may change the content in B1 to coincide with the organization’s method for tracking quality management reviews. HHSC reviewers enter the name of the contractor and the review dates in C1 by putting the cursor after the colon and entering name of the contractor and the date or dates of the review. Other reviewers may change the content in C1 to coincide with the organization’s method for tracking quality management reviews by program or location.

Information in B1 and C1 automatically fill the other tabs. Set the alignment flush left and top. Wrap text in both cells.

Hold the alt key down as you hit enter to create a clean return between lines in a cell.

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There are several ways to filter the tool to limit the items to be answered. The worksheets are setup to allow for the data filters to occur on the row with the column titles. The Category column on each tab contains key terms that allow the reviewer to filter by topic. The Citation column on each tab contains the legal citation for the item being reviewed. The Statement columns contain the statement that is being assessed. The Max Score columns contain the point value for the item. The Total Expected columns provide the score expected based upon items answered. The Total Observed columns contain the total score of the items reviewed. The Score column contains the score calculated from the items answered in the row.

Each row on each tab has a comment cell in the column labeled Row Comments. Next to the column labeled Row Comments is a column labeled Corrective Action Plan.

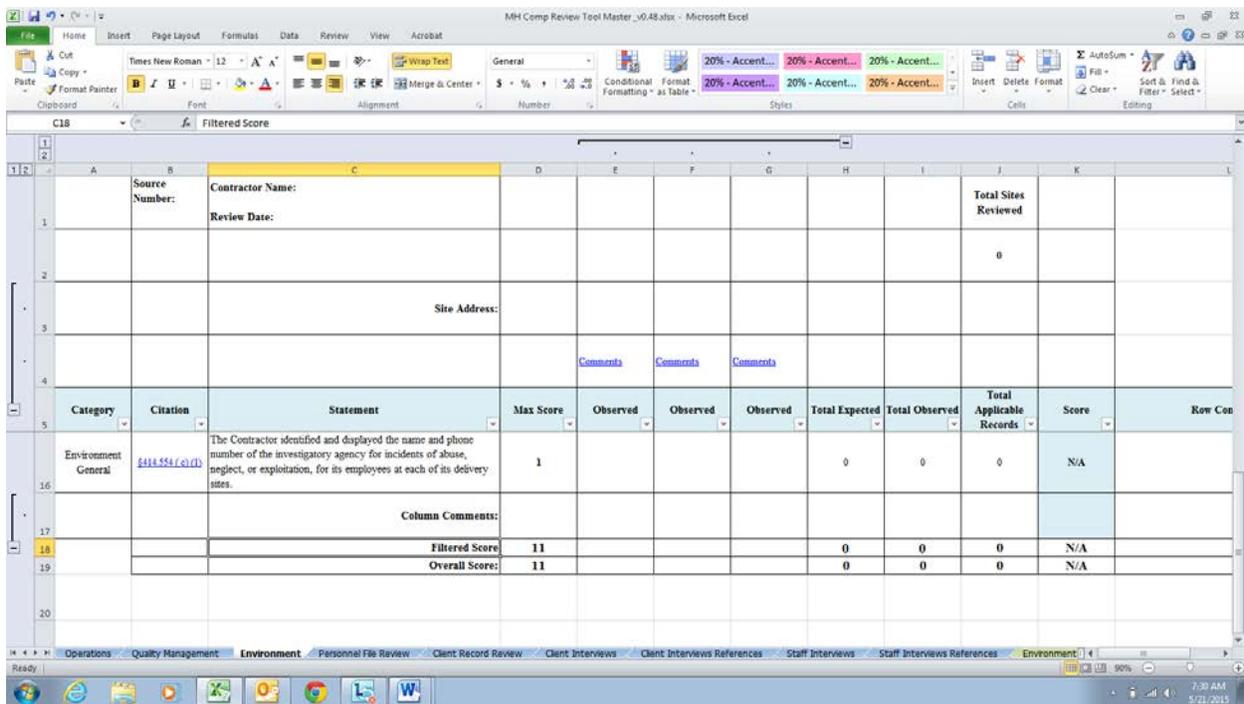


Figure 2 Environment Tab

Tabs with multiple columns are: Environment, Personnel File Review, and client record review. These tabs have columns labeled Observed in which a reviewer answers the item for different subjects (Environment could be three or more physical locations; Personnel could be different people employed by the organization or a person that has more than one professional role that needs to be assessed for different things; Client could be different clients or it could be for a client that is receiving different services over time that need to be assessed independently.) The tabs with multiple columns have a calculation in the top right section of the tab that provides a count of the things assessed.

Each column labeled Observed has a hyperlink at the top of the column that allows the reviewer to jump to the bottom of the page where there is a designated place for comments for that item.

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Each citation has a hyperlink either to text from contract language stored on another worksheet in the tool or to the internet location of the Texas Administrative Code or the Texas Health and Safety Code.

At the bottom of each tab are two or three rows that contain the same information. For the tabs without the multiple columns, the two rows will display a Filtered Score and Overall Score. At the bottom of tabs with multiple columns is a row for comments labeled Column Comments. This is the location for reviewers to make comments.

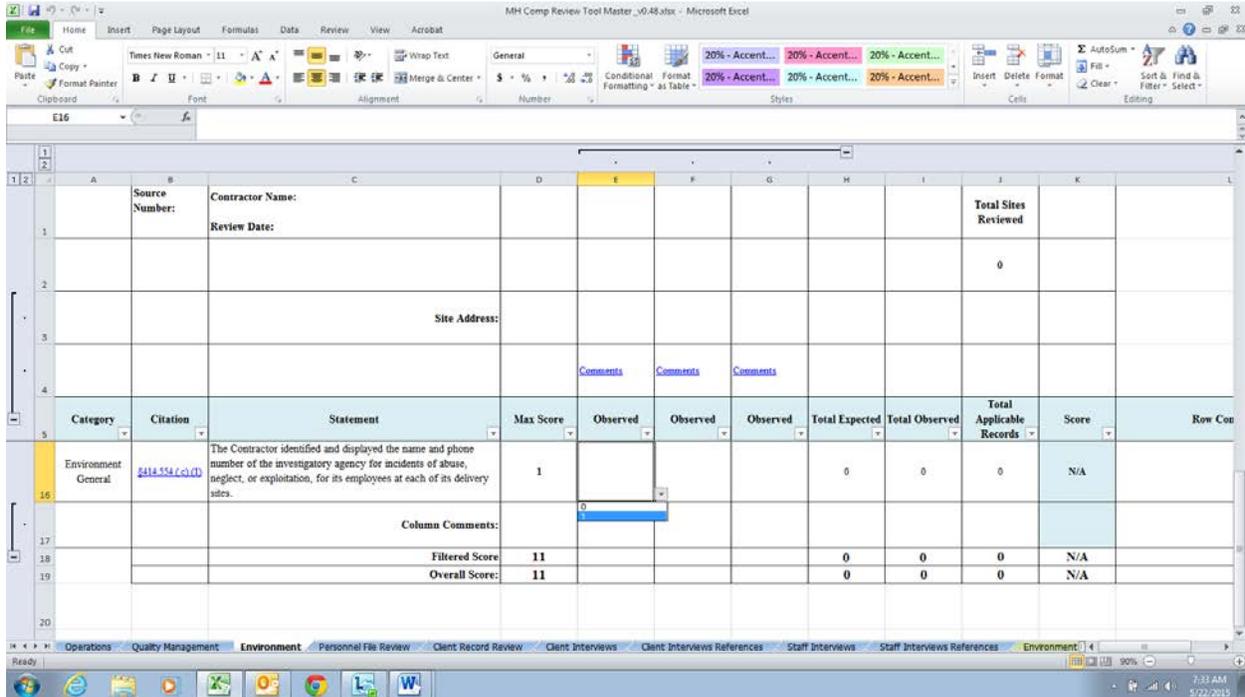
Reviewers provide a brief and clear reason for every score of “0” at the bottom of each column on the row labeled “Column Comments”. Hold the alt key down and hit enter to return within a cell when adding more than one item in a comment section. Do not use the space bar to move the text into a new line—the result is disconnected text when the view size changes.

Review Leads write comments for each row in the column labeled “Row Comments”. The comments need to provide information about the finding on that row. Examples of column comments:

- 10 out of 15 client records did not have individualized recovery plans. If appropriate, provide an example.
- 4 out of 5 programs did not have policies or procedures written to address the program business processes.
- 5 out of 5 facility locations met all the ADA requirement
- 3 out of 4 records had individualized Recovery Plans

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Data Entry



Reviewers document answers to items by selecting the point value that represents whether or not the item was verified. Instructions for what to view to find the answer and how to assign point values for the answer are in the tables in this manual. Drop down lists are numeric values and when appropriate, the option NA is available.

NOTE: When answering items in the tool, do not drag answers down in a column as a short cut. This causes the validations in the formulas to malfunction. You may type the number instead of selecting from the drop down list without causing validation problems.

There are three ways the tool creates scores. Each row has a score in the column labeled “Score” for the content in the row.

Each tab has two scores at the bottom of the tab, “Filtered Score” and “Overall Score”. The calculations for those two scores display in the column labeled “Score”. The Overall Score provides an aggregate score of all elements evaluated and the Filtered Score will provide the aggregate score for the filtered element. The tab can be filtered by citation, category, or row scores.

The background color yellow with the red text appears for score of 70% or less.

The Filtered Score will have the same value as the Overall Score if there no filter is used.

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Each tab has a Findings column that creates a “Yes” in the cell when the score is 70% or less for the item.

Report preparation

Copy and paste

To move answers from other worksheets into the master use one of the following instructions. When you have multiple people using the same worksheet, follow the first two instructions.

1. Clear the filters for the whole worksheet. Left click on the Data tab and left click on Clear next to the Filter icon.
2. Open the groups on the tabs where there are groups by left clicking on the #2 in the border(s) of the worksheet.
3. Highlight the cells you want to copy.(Left click in the top cell and use the scroll bar to go down to the last cell in the row(s) and column(s).Hold the shift key down and left click in the last cell.
4. Right click on the highlighted cell and left click on Copy. (Or, hold the control key down and click on the letter C.)

The print screen below shows how to see the paste icons when using the right click function. Instructions for what to do with the Master tool follow the print screen.

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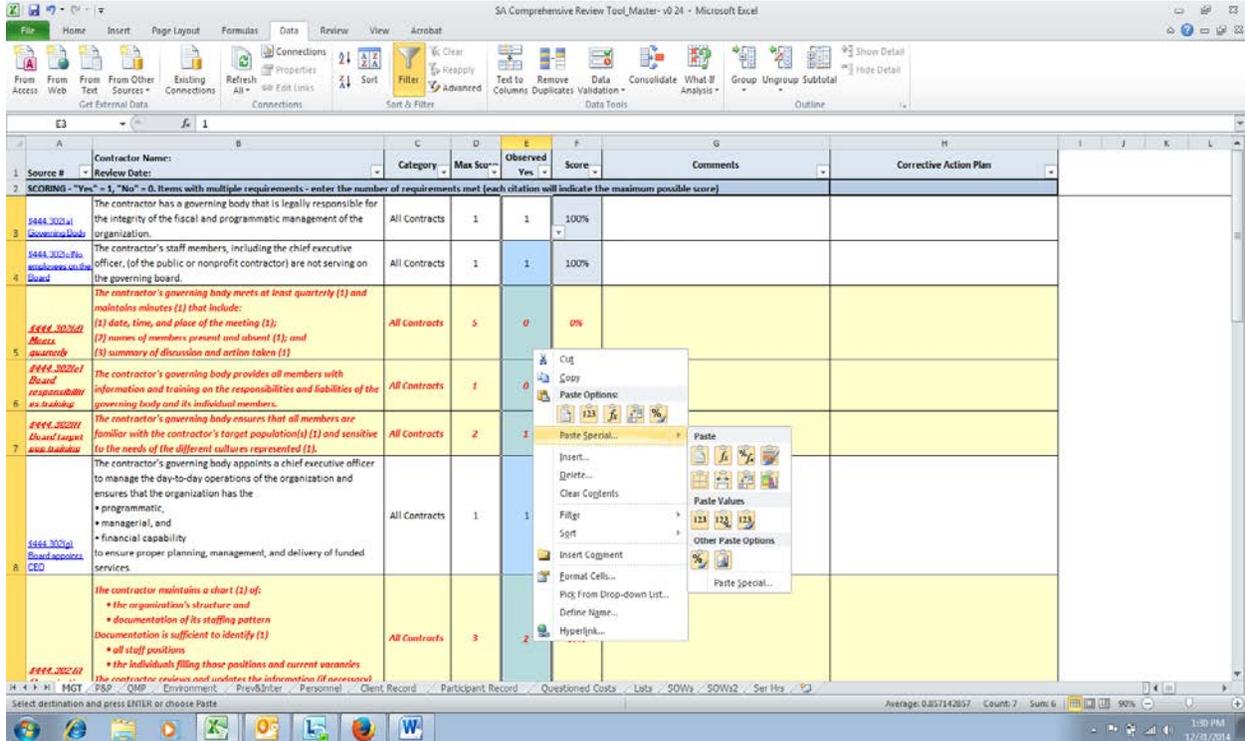


Figure 3 Paste icons

1. Clear all the filters on the worksheet in the Master workbook.
2. Open all the groups in the worksheet in the Master workbook.
3. Left click in the top cell of the column in the worksheet of the Master workbook.
4. Right click and select the paste icon with the number 123. If that paste icon is not available, select the option to print values (V) from a Paste menu.

When the values were pasted, the drop down boxes will disappear. The conditional formatting will continue to function.

Follow these copy and paste steps for each worksheet completed by other reviewers. When all the data is in the same workbook, rename the workbook before you work with the data to create reports.

Filter by "Yes"

Corrective Action Plan Report

Save the Master tool with all the answers from the review with a new name that includes the abbreviation for Corrective Action Plan (CAP). Follow the instructions for each tab that has row scores of 70% or below.

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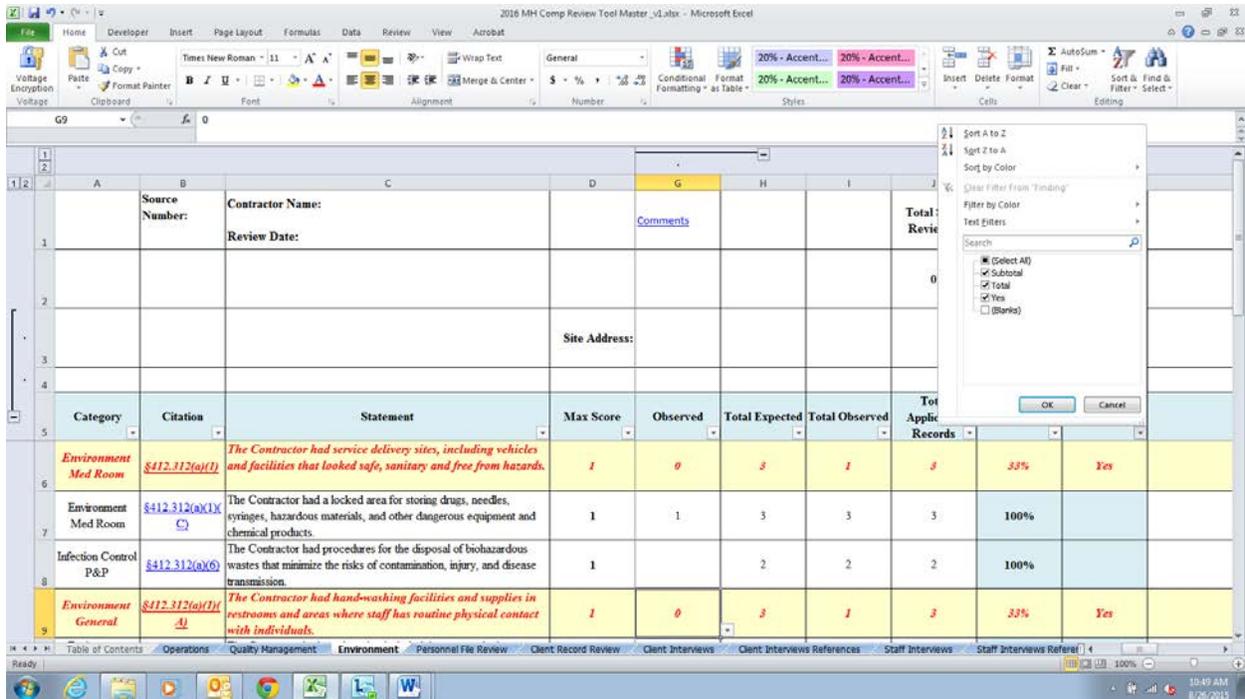


Figure 4 Filter by “Yes”

1. Clear the filter on the worksheet.
2. Left click on the arrow at the top row of the table in the Findings column.
3. Left click on Filter by Yes, Subtotal, and Total.
4. Hide the tabs that will not be included in the report by right clicking on the tab name and left clicking on the Hide word.
 - a. Hide tabs with no score under 71
 - b. Hide the following tabs: Lists, Citation Reference, Serve Hrs, Questioned Costs, Additional Record and Additional Program Citation tabs, and MOU Checklist.
5. The excel document is ready to send to the reviewed Contractor or program for the development of the Corrective Action Plan.
 - a. In the e-mail to the person responsible for completing the Corrective Action Plan, provide instructions.
 - b. Recommend including something like the following:
 - i. Name and title of person responsible
 - ii. Timeline for implementation
 - iii. Actions to correct the finding
 - iv. Actions for monitoring compliance
 - v. Actions to identify deficiencies
 - vi. Actions to sustain necessary corrections
 - vii. Actions to evaluate and monitor ongoing effectiveness

All Findings Report

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Save the Master tool with all the answers from the review with a new name such as QM Review Report with a date or version number. Then follow the instructions below to create a report that shows only the items reviewed.

If you choose to use the CAP as the excel document to create the QM Review Report, you can unhide tabs with review content by following the steps below.

1. Right click on any tab name.
2. From the menu, left click on the word unhide. A box with all the hidden tabs will display.
3. Left click on the name of the tab you want to unhide and left click on the ok button.
4. Spellcheck each tab to ensure all text is spelled correctly. Review comments to ensure the content is written appropriately for the audience.
5. Continue this process to unhide each tab.

The print screen below show what the viewer will see when following the instructions to unhide tabs.

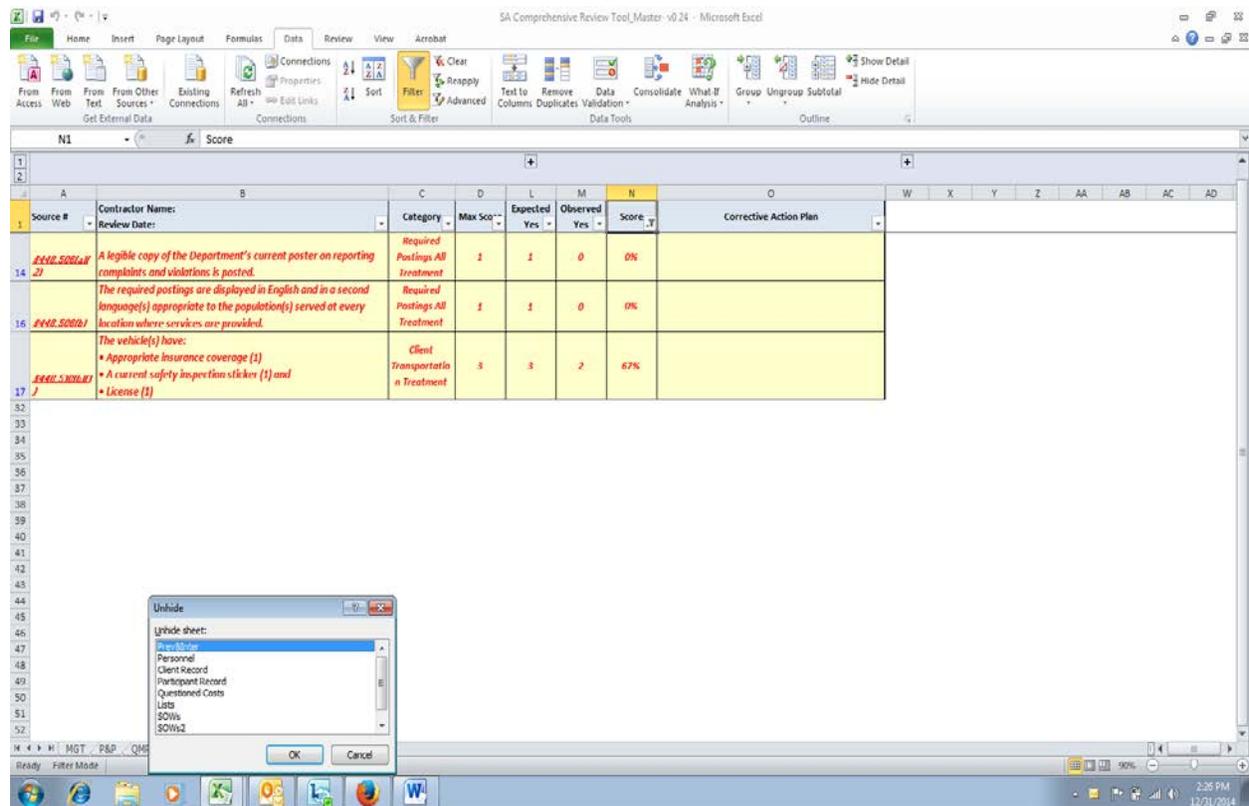


Figure 5 Unhide Tabs

1. Clear the filters on each tab.
2. Left click on the drop down arrow in the header for the data tab in the cell labeled Score.
3. Unselect NA.
4. Close all the groups by left clicking on the #1 in the top and left borders of the worksheet.

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5. Although the print area is preset, verify the following for each tab.
 - a. The print area includes the Citation column to the Score column.
 - b. When the groups are closed that will result in 7 columns.
 - c. The Column comments row should be hidden with the groups closed. If it isn't, either fix the grouping or hide the column row.
 - d. When the tab does not have multiple columns, the print area will show 6 columns.
 - e. The number of rows will vary on each worksheet based upon the NA filter.
 - f. Use the Print Preview to ensure:
 - i. Text is visible in all the cells for each tab.
 - ii. Comments are hidden.
 - iii. Scores are visible.
 - iv. Grid lines are visible.
6. Set the view at the same Zoom % for each tab.
7. Hide the tabs that do not have items that were reviewed. (See list in CAP instructions above that should be hidden when not used.)

The following are the print preset settings to optimize the report. All of these can be adjusted to meet specific requirements such as printing out a view of the details found when the groups are open. Consult Excel help for additional instructions for printing.

1. Print Active Sheets is the default setting. Select Print Entire Workbook to create a report with all the items reviewed.
2. Print One Sided
3. Collated
4. No Staples
5. Portrait Orientation
6. Letter, 8.5" x 11"
7. Narrow Margins
8. Fit all Columns on One Page

Print or save in Portable Document Format (pdf) to review prior to printing. This also saves the report electronically for use at a later time. See the example in Figure 8 Print Preview

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Table 1 Operations Tab

| Citation | Item | Instruction | Max Score |
|-------------------|--|---|-----------|
| FY17 PCN I.B.3.h) | The Contractor developed a policy and procedure for COPSD services and included available resources and referrals for adults and children. | <p>Ask the point of contact for this documentation.</p> <p>*Co-occurring Psychiatric and Substance Disorder (COPSD_</p> <p>Score “1” if the Contractor had this documentation and all of the elements were documented.</p> <p>Score “0” if the Contractor did not have this documentation or if the documentation was missing one or more of the required elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |

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| Citation | Item | Instruction | Max Score |
|-------------|---|--|-----------|
| §412.311(e) | <p>The Contractor developed policies and procedures to ensure that all staff members refrain from activities and relationships whereby personal, financial, professional, or other relationships could compromise or interfere with independent judgment creating a conflict of interest or otherwise having the potential to harm or exploit individuals and families.</p> | <p>Ask the point of contact for this document.</p> <p>Score “1” if the Contractor had documentation addressing all of these elements.</p> <p>Score “0” if the Contractor did not have this documentation or if the documentation was missing one or more of the required elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |
| §412.327(b) | <p>The Contractor developed and implemented written policies and procedures for supervision of all of staff providing direct services.</p> | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had this documentation and all of the elements were documented.</p> <p>Score “0” if the Contractor did not have this documentation or if the documentation provided was missing one or more of the required elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |

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| Citation | Item | Instruction | Max Score |
|----------------|--|---|-----------|
| §412.312(2)(A) | The Contractor had a written plan for the management of onsite medical emergencies requiring ambulance services, hospitalization, or hospital treatment. | <p>Ask the point of contact for this document.</p> <p>Score “1” if the Contractor had a written plan for this component and if the plan addressed all the required elements.</p> <p>Score “0” if the Contractor did not have a written plan for this component or if the plan was missing one of the required elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |
| FY17 UTC 5.06 | The Contractor had a designated Information Technology Security Administrator and back-up Security Administrator. (The Parties agree to comply with the terms of ATTACHMENT D, The Data Use Agreement) | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|---------------|---|--|-----------|
| FY17 UTC 5.06 | <p>The Contractor's designated Information Technology Security Administrator or back-up Security Administrator removed access to (DSHS Clinical Management Behavioral Health System [CMBHS]) users who were no longer authorized to access secure data.</p> | <p>Ask the point of contact for the CMBHS report of active users. Review last log in date of each user. If the last log in date is after 90 days, have the information Security Administrator disable access for that employee. If the staff member is no longer employed, the Security Administrator needs to terminate that employee's access.</p> <p>Score "1" if all users on the report are employed.</p> <p>Score "0" any users not employed and access had not been terminated.</p> <p>*Answer cannot be "NA"</p> | 1 |
| §412.108(b) | <p>The contractor accessed all funding sources before using the department's funds to pay for a person's services.</p> | <p>Review client record sample prior to answering this item.</p> <p>Score "1" if the Contractor accessed all funding sources before using the department's funds for the client sample.</p> <p>Score "0" if the Contractor did not access all funding sources prior to using the department's funds for the client sample.</p> <p>*Answer cannot be "NA"</p> | 1 |

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| Citation | Item | Instruction | Max Score |
|---------------------------|---|---|------------------|
| FY17PCN Article V 5.05 | Child Abuse Requirement- Contractor shall develop, implement and enforce a written policy which includes the screening, documenting, and reporting requirements. Contractor shall retain a copy of the Child Abuse Reporting Form or a copy of the confirmation from The Department of Family and Protective Services on site and make it available for inspection by HHSC. | Score “1” if the Contractor had documentation identifying this information. Score “0” if the Contractor did not have documentation identifying this information. *Answer cannot be “NA” | 1 |
| FY17 PCN I.A.3.d) | Contractor designated a Medical Director that participates in leadership activities. | Ask the point of contact for this documentation. Score “1” if the Contractor had documentation identifying this information. Score “0” if the Contractor did not have documentation identifying this information. *Answer cannot be “NA” | 1 |

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| Citation | Item | Instruction | Max Score |
|-------------------|--|--|-----------|
| FY17 PCN I.A.3.q) | Contractor designated a staff member to act as Contractor's Suicide Prevention Coordinator. | <p>Ask the point of contact for this documentation.</p> <p>Score "1" if the Contractor had documentation identifying this information.</p> <p>Score "0" if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be "NA"</p> | 1 |
| FY17 PCN I.A.1.g) | Contractor annually posted on the LMHA's website a list of persons with whom the local authority had a contract or agreement related to the provision of mental health services, except for peer providers and Family Partners as defined under Family Partner Supports in Information Item G of the Performance Contract. | <p>Review the Contractor's website.</p> <p>Score "1" if the Contractor had a website identifying this information.</p> <p>Score "0" if the Contractor did not have a website identifying this information.</p> <p>*Answer cannot be "NA"</p> | 1 |

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| Citation | Item | Instruction | Max Score |
|---|--|---|-----------|
| §411.310(b)(3) | Each member of the Contractor’s board of trustees received initial and annual training. Contractor maintained written documentation of compliance with the training requirements and provided documentation to HHSC upon request. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” point for each component (initial and or annual) documented. Sum the points and add to the observed column.</p> <p>Score “0” if the Contractor did not have documentation identifying this information. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”.</p> | 2 |
| Health and Safety Code, Title 7, Subtitle A, §534.010 | The board of trustees shall: (1) adopt a written policy governing the powers that may be delegated to the executive director; and (2) annually report to each local agency that appoints the members the executive director's total compensation and benefits. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information for both 1 and 2.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |

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| Citation | Item | Instruction | Max Score |
|---------------------|---|--|-----------|
| §405.274 | Contractor developed procedures for timely reporting and review of deaths that were consistent with the requirements described in the subchapter K. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |
| FY17 PCN I.A.6.c.i) | The Contractor had a self-evaluation and transition plan (ADA Plan) that was reviewed annually. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information and all of the elements.</p> <p>Score “0” if the Contractor did not have documentation identifying this information. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |

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| Citation | Item | Instruction | Max Score |
|-------------------|--|---|-----------|
| §411.310 (a) (1) | Contractor provided quarterly financial reports to the governing body. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |
| §412.312(a)(2)(C) | The Contractor had written protocols and instructions for disasters and other emergencies. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had this documentation and all of the elements were documented.</p> <p>Score “0” if the Contractor did not have this documentation or if the documentation was missing one or more of the required elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |

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| Citation | Item | Instruction | Max Score |
|-------------|--|---|-----------|
| §414.413(a) | The Contractor's procedures for psychoactive medication monitoring included: auditing records, analyzing results, and performance improvement. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had this documentation and if the documentation addressed all the required elements.</p> <p>Score “0” if the Contractor did not have this documentation or if the documentation was missing one of the required elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”.</p> | 1 |
| §414.413(d) | The Contractor had records of self-monitoring of psychoactive medications. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |

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| Citation | Item | Instruction | Max Score |
|-------------------|---|---|-----------|
| §412.312(a)(4)(A) | The infection control plan included prevention and management of infection in the service delivery sites. | <p>Ask the point of contact for this documentation. Use “AIMS-Infection Ctrl-Med Consent” tab on tool as a reference.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |
| §412.323(b)(1) | The Contractor had a procedure for physician delegation of medical acts to non-physicians acting within the scope of their license and training, and the frequency of physician supervision over the staff member to whom a delegation is made. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had this documentation and all of the elements were documented.</p> <p>Score “0” if the Contractor did not have this documentation or if the documentation was missing one or more of the required elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|----------------|--|---|-----------|
| §412.323(b)(2) | <p>The Contractor had a procedure for Registered Nurses (RNs) to make assignments to Licensed Vocational Nurses (LVNs) or delegate to unlicensed staff members nursing acts for the care of stable individuals with common, well-defined health problems with predictable outcomes. {Must be in accordance with Texas Occupations Code, Chapter 301 (relating to the Nursing Practice Act).}</p> | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had this documentation and all of the elements were documented.</p> <p>Score “0” if the Contractor did not have this documentation or if the documentation was missing one or more of the required elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |
| §412.323(b)(3) | <p>The Contractor had a procedure for medication administration by licensed medical or nursing staff that addressed who may access and administer medications, timely administration, documentation of administration, and monitoring of administration, and that complied with applicable professional licensing standards and rules.</p> | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had this documentation and all of the elements were documented.</p> <p>Score “0” if the Contractor did not have this documentation or if the documentation was missing one or more of the required elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |

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| Citation | Item | Instruction | Max Score |
|-------------------|--|---|------------------|
| §412.323(b)(4)(B) | The Contractor had a procedure for medication handling that addressed labeling and record keeping of sample medications. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had this documentation and all of the elements were documented.</p> <p>Score “0” if the Contractor did not have this documentation or if the documentation was missing one or more of the required elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |
| §412.323(b)(4)(C) | The Contractor had a procedure for medication handling that addressed limiting access to physician stock medications. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had this documentation.</p> <p>Score “0” if the Contractor did not have this documentation.</p> <p>*Answer cannot be “NA”</p> | 1 |

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| Citation | Item | Instruction | Max Score |
|-------------------|---|--|------------------|
| §412.323(b)(4)(D) | The Contractor had a procedure for medication handling that addressed patient assistance/indigent medication program. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information and all of the elements.</p> <p>Score “0” if the Contractor did not have documentation identifying this information or is missing one or more of the elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|-------------------|---|--|-----------|
| §412.323(b)(4)(E) | The Contractor had a procedure for medication handling that addressed mechanisms to ensure safe temperature-controlled storage and transport of medication. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information and all of the elements.</p> <p>Score “0” if the Contractor did not have documentation identifying this information or is missing one or more of the elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |
| §412.323(b)(4)(F) | The Contractor had a procedure for medication handling that addressed controlled drugs. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information and all of the elements.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|-------------------|--|--|------------------|
| §412.323(b)(4)(G) | The Contractor had a procedure for medication handling that addressed disposal/destruction of medication. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |
| §412.323(b)(4)(H) | The Contractor had a procedure for medication handling that addressed locked areas and maintaining security. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |

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| Citation | Item | Instruction | Max Score |
|-----------------|--|--|------------------|
| §412.323(b)(5) | The Contractor had a procedure which described how a physician, a physician's assistant, or an RN assesses and determines whether an individual can self-administer medication and whether it can be done without supervision. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information and all of the elements.</p> <p>Score “0” if the Contractor did not have documentation identifying this information or is missing one or more of the elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|----------------------|---|--|------------------|
| §412.323(b)(8)(A)(B) | <p>The Contractor had a procedure for medication errors that defined the most common types of medication errors and provides for the accurate documentation of medication errors and for the reporting of medication errors to the physician within one hour.</p> | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information and all of the elements.</p> <p>Score “0” if the Contractor did not have documentation identifying this information or is missing one or more of the elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|---------------------|--|--|-----------|
| §412.323(b)(8)(D) | The Contractor had a procedure for medication errors that defined and provided for a mechanism for analyzing trends for quality improvement. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information and all of the elements.</p> <p>Score “0” if the Contractor did not have documentation identifying this information or is missing one or more of the elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |
| §412.323(b)(6)(A-D) | <p>The Contractor had a procedure for training staff members to perform supervision of self-administration of medication including:</p> <p>(A) Medication actions (B) Target symptoms (C) Understanding prescription labels (D) Potential Toxicity (E) Side effects (F) Adverse reactions (G) Proper Storage of medication (H) Reporting and documentation requirements</p> | <p>Ask the point of contact for this documentation.</p> <p>Score “1” point for each component documented in the policies and procedures. Sum the points and add to the observed column.</p> <p>Score “0” if the Contractor did not have documentation identifying this information. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 4 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|----------------|---|--|-----------|
| §412.323(b)(7) | The Contractor had a procedure for providing appropriate supervision of staff members who supervise self-administration of medication | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |
| §412.325(1) | The Contractor had procedures regarding the provision of telemedicine service that included clinical oversight by the Contractor's medical director or designated physician responsible for medical leadership. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|-------------|---|--|-----------|
| §412.325(3) | <p>The Contractor had procedures regarding the provision of telemedicine service that included qualified people to ensure the safety of the individual being served by telemedicine at the remote site.</p> | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information and all of the elements.</p> <p>Score “0” if the Contractor did not have documentation identifying this information or is missing one or more of the elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |
| §415.5(a) | <p>The Contractor established written policies and procedures for the prescribing of psychoactive medication.</p> | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|-----------------|--|--|------------------|
| §415.5(a) | The prescribing of psychoactive medication procedures were approved by the Contractor's medical staff. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |
| §415.5(i) | The Contractor had policies and procedures governing the scope of practice regarding prescription of psychoactive medications when the prescribing professional is not a psychiatrist. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|--|--|--|-----------|
| FY17 Information Item V II.D.2.e-f. II.D.4.b. & III.D.5.a. | (a)Contractor developed policies and procedures to define the duties and responsibilities for all staff involved in the assessment or treatment of a crisis. (f) ensure that services reach individuals at their place of residence, school and/or other community based safe locations. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 2 |
| FY17 Information Item V: II. D. 4. b. & III. D. 5. a. | <p>The Contractor had procedures for:</p> <ul style="list-style-type: none"> - Immediate crisis intervention - Safely transporting the individual to an appropriate facility - Monitoring the individual continuously until transferred - used the most effective and least restrictive approaches | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|---|--|--|------------------|
| FY17 Information Item V. II.D.4.b. & III.D.5.a. | Contractor ensured a psychiatrist served as medical director and approved all policies, procedures, and protocols used in crisis services. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information and all of the elements.</p> <p>Score “0” if the Contractor did not have documentation identifying this information or is missing one or more of the elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|--|--|---|------------------|
| <p>FY17 Information Item V: II. D.3.c.</p> | <p>The Contractor had written processes for performing screenings which included the criteria for requesting: c) Crisis assessment, Medical screening/assessment, and Psychiatric Evaluation</p> | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information and all of the elements. Add one point for every element documented, sum the points and add the total to the observed column.</p> <p>Score “0” if the Contractor did not have documentation identifying this information or is missing one or more of the elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | <p>3</p> |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|-------------------------------------|---|---|------------------|
| FY17 Information Item V: II. D.4.g. | The Contractor had written policies and procedures that defined appropriate reassessment intervals in emergent, urgent and routine care settings (1) and were approved from the medical director (1). | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information and all of the elements. Add one point for every element documented, sum the points and add the total to the observed column.</p> <p>Score “0” if the Contractor did not have documentation identifying this information. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 2 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|--------------------------------------|---|---|-----------|
| FY17 Information Item V: III. D.4.g. | <p>The Contractor had written processes and procedures that ensured individuals that required an immediate assessment:</p> <p>g) Were able to begin the full crisis assessment by an LPHA or RN , within 15 minutes of initial presentation to walk-in services.</p> | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information. Add one point for every element documented, sum the points and add the total to the observed column.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 2 |
| FY17 SOW VET I.C.1. | <p>The Contractor had a VET Program Implementation Plan that included:</p> <ul style="list-style-type: none"> -A timeline for task(s) to be accomplished -Persons or entities responsible for each task -Anticipated outcomes and objectives | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information and all of the elements.</p> <p>Score “0” if the Contractor did not have documentation identifying this information. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|-------------------|--|--|------------------|
| FY17 SOW VET I.B. | The Contractor designated a single point of contact to receive and transmit information required for effective implementation and monitoring of the Veterans Program, AND hire or contract a minimum of one Peer Specialist 40 hours per week to achieve objectives of the program. (Gulf Bend requirement of 30 hours). | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information or if the Contractor was missing one or more the elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|--------------------|--|---|-----------|
| FY17 SOW OCR I.13 | <p>The Contractor had written procedures to monitor an individual’s restoration to competency and readiness for return to court.</p> | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information or if the Contractor was missing one or more the elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |
| FY17 SOW OCR I.16. | <p>The Contractor had written policies and procedures that described the</p> <ul style="list-style-type: none"> -the eligibility for the Program, intake assessment, and treatment planning processes. The policies and procedures shall also address -admission of individuals referred by other LMHAs. -individuals who are in close proximity to the Program and who are without a Program in their services area are potentially appropriate for admission. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had this documentation and all of the elements were documented.</p> <p>Score “0” if the Contractor did not have this documentation or if the documentation was missing one or more of the required elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|--------------------------|---|--|------------------|
| FY17 SOW PATH I.E.1-3 | <p>The Contractor ensured that:</p> <p>1) There is PATH policies and procedures manual, or that PATH's policies and procedures are included in the Contractor's agency-wide manual.</p> <p>2) There is an internal policy or procedure for reporting the occurrence of any PATH-related events that endanger the health or safety of either the individual served or staff providing services.</p> <p>3) There is a quality assurance process for the PATH program.</p> | <p>Ask the point of contact for this documentation.</p> <p>Score "1" if the Contractor had the required documentation. Add one point for every element documented, sum the points and add the total to the observed column.</p> <p>Score "0" for each element missing. Write an explanation for each score of "0" in the comments.</p> <p>*Answer cannot be "NA"</p> | 3 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|--------------------|---|--|------------------|
| FY17 SOW SHR I.D.1 | <p>The Contractor developed written policies and procedures outlining:</p> <ul style="list-style-type: none"> -how Contractor will comply with the terms and conditions of the SHR Program Attachment -including monitoring of expenditures, ensuring quality care and client satisfaction. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had this documentation and all of the elements were documented. Add one point for every element documented, sum the points and add the total to the observed column.</p> <p>Score “0” if the Contractor did not have this documentation or if the documentation was missing one or more of the required elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 2 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|---------------------|--|--|-----------|
| FY17 PCN I. A.1.(c) | <p>Contractor had policies and procedures for Waitlist Management and includes the following;</p> <p>1) If an individual was unable to be located, the provider documented at least two good-faith attempts (1) using</p> <ul style="list-style-type: none"> - Telephone calls or - Home visits, or - Personal letters <p>2) All such attempts to contact the individual were completed no less than 10 business days prior to the date on which automatic closure occurred</p> | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information and all of the elements.</p> <p>Score “0” if the Contractor did not have documentation identifying this information. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |
| FY17 PCN I.A.5.b) | <p>The Utilization Management (UM) Committee included the following Contractor staff:</p> <ul style="list-style-type: none"> -The UM physician -UM staff representative -Quality management staff representative -Fiscal/financial services staff representative | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|------------------|--|--|-----------|
| §412.318(a)(1-3) | <p>The Contractor developed a written utilization management plan that included:</p> <ol style="list-style-type: none"> 1) Utilization program plan description and work plan 2) Requirements related to UM committee credentials, job functions, meetings, and training 3) Processes for evaluating programs effectiveness and meeting goals | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had this documentation and all of the elements were documented. Add one point for every element documented, sum the points and add the total to the observed column.</p> <p>Score “0” if the Contractor did not have this documentation or if the documentation was missing one or more of the required elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 3 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|------------------|---|---|-----------|
| §412.318(a)(4-6) | <p>Contractor developed a written utilization management plan that included:</p> <p>4) How improvements will be made on a regular basis</p> <p>5) Oversight and control mechanisms to meet required standards</p> <p>6) Approval by governing board</p> | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information and all of the elements. Add one point for every element documented, sum the points and add the total to the observed column.</p> <p>Score “0” if the Contractor did not have documentation identifying this information. Write an explanation for each score of “0” in the comments</p> <p>*Answer cannot be “NA”.</p> | 3 |
| §412.318(b) | <p>The Contractor had a UM program under the direction of a licensed psychiatrist.</p> | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information and all of the elements.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|-------------|---|---|-----------|
| §412.318(d) | The Contractor had procedures to give notice of the right to a timely and objective appeal process for individuals receiving mental health services. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |
| §412.318(d) | The Contractor had procedures for providing notice of the right to request a fair hearing for individuals eligible for Medicaid whose benefits were denied, reduced, suspended or terminated. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had this documentation and all of the elements were documented.</p> <p>Score “0” if the Contractor did not have this documentation or if the documentation was missing one or more of the required elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|----------------------------|---|--|------------------|
| FY17 Information Item B.5. | The Contractor provided a copy of the TANF/Title XX report submitted for CARE Report III and a list of the unduplicated CARE IDs for persons that met the eligibility requirements for the fiscal year. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |
| Null | Verified clients on the TANF/Title XX list of CARE ID met the federal poverty guidelines (200% above poverty level). | <p>Ask the point of contact for client records for a subset of the list of TANF/Title XX clients for last fiscal year. Request 10% of the records and review the financial eligibility documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|-------------------------|---|---|-----------|
| FY17 SOW RTCI I.B.1. | The Contractor designated a Continuity of Care Officer (CCO) as the single point of contact for the RTCI program. | <p>Ask the point of contact for this documentation.</p> <p>Residential Treatment Center Integration (RTCI)</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |
| FY17 SOW PASRR I.B.7 | "The Contractor developed policies and procedures for tracking the status of requests for PASRR Evaluations (PE)s, Resident Reviews and other assessment/admission information to ensure timely entry of the following: | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had this documentation and all of the elements were documented.</p> <p>Score “0” if the Contractor did not have this documentation or if the documentation was missing one or more of the required elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|-----------------|--|---|------------------|
| FY17 PCN I.B.7. | <p>Contractor shall ensure there is one Super User for the Adult Needs and Strengths Assessment (ANSA) and one Super User for the Children’s Needs and Strengths Assessment (CANS). One staff person can be the identified Super User for both ANSA and CANS if needed. The individual(s) shall keep the Super User status current in accordance with the Praed Foundations requirements. ANSA and CANS Super Users shall be identified on Form S.</p> | <p>Ask the point of contact for this documentation or verify name(s) on Form S is current.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |

Mental Health Review Tool Instructions

Table 2 Quality Management Tab

| Citation | Item | Instruction | Max Score |
|----------------------|--|---|------------------|
| §412.317 (a)(1-3) | <p>The Contractor developed a written quality management plan that included:</p> <ol style="list-style-type: none"> 1. The quality management program description and work plan. 2. Measurable objective indicators to detect the need for improvement. 3. Procedures and timelines for taking appropriate action when problems are identified. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information and all of the elements. Add one point for every element documented, sum the points and add the total to the observed column.</p> <p>Score “0” if the Contractor did not have documentation identifying this information or is missing one or more of the elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 3 |
| FY17 PCN-I.A.6.e)(6) | <p>The Contractor routinely reported quality management program activities to the governing body, providers, other appropriate organizational staff members, and community stakeholders.</p> | <p>Ask the point of contact for this documentation. The standard is to review meeting minutes for support documentation of this occurring.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|-------------------|--|---|------------------|
| §412.317(a)(4) | Contractor's board approved the quality management plan. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |
| §412.317 (b)(1-3) | <p>The Contractor implemented a quality management program that included:</p> <ol style="list-style-type: none"> 1. A structure that ensures the program is implemented system-wide 2. Allocation of adequate resources for implementation 3. Oversight by professionals with adequate and appropriate experience in quality management | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information and all of the elements. Add one point for every element documented, sum the points and add the total to the observed column.</p> <p>Score “0” if the Contractor did not have documentation identifying this information. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 3 |
| §412.317 b)(7)(A) | The Contractor implemented a quality management program that included review of the provider's treatment to determine whether it is consistent with the department's approved evidenced-based practices (TRR, TF-CBT, Seeking Safety and Aggression Replacement Techniques) and fidelity manual. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer cannot be “NA”</p> | 1 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|----------------------|---|---|-----------|
| §412.317 b)(7)(B) | The Contractor implemented a quality management program that included the review of the treatment to determine the accuracy of assessments and treatment planning. | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had this documentation and all of the elements were documented.</p> <p>Score “0” if the Contractor did not have this documentation or if the documentation was missing one or more of the required elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |
| §412.317 (b)(8-12) | <p>The Contractor implemented a quality management program that included:</p> <ul style="list-style-type: none"> - Ongoing monitoring of the quality of crisis services, access to services, service delivery, and continuity of services - Provision of technical assistance to improve the quality and accountability of provider services - Use of reports and data from the department to identify performance improvement activities, assessment of unmet needs of individuals, service delivery problems, and effectiveness of authority functions for the local service area - Mechanisms to measure, assess, and reduce incidents of abuse, neglect, and exploitation - Mechanisms to improve individuals' rights protection processes | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information and all of the elements. Add one point for every element documented, sum the points and add the total to the observed column.</p> <p>Score “0” if the Contractor did not have documentation identifying this information. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 5 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|--------------------------------|---|---|-----------------|
| <p>§412.317(b) (13-14)</p> | <p>The Contractor implemented a quality management program that included:</p> <ul style="list-style-type: none"> - Risk management processes such as competency determinations, and the management and reporting of incidents and deaths - Coordination of activities and information management with the utilization management (UM) program, including participation in UM oversight activities | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information and all of the elements. Add one point for every element documented, sum the points and add the total to the observed column.</p> <p>Score “0” if the Contractor did not have documentation identifying this information. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | <p>2</p> |
| <p>§412.317 (c)</p> | <p>The Contractor established an integrated system to sufficiently monitor the quality management program for effectiveness on a regular basis and updated the quality management plan as needed.</p> | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had this documentation and all of the elements were documented.</p> <p>Score “0” if the Contractor did not have this documentation or if the documentation was missing one or more of the required elements. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | <p>1</p> |

Mental Health Review Tool Instructions

Table 3 Environment Tab

| Citation | Item | Instruction | Max Score |
|-----------------|--|--|------------------|
| §412.312(a)(1) | The Contractor had service delivery sites, including vehicles and facilities that looked safe, sanitary and free from hazards. | <p>Ask the point of contact for where the delivery sites are located. Use “environment reference” tab.</p> <p>Score “1” if the Contractor had delivery sites with these components.</p> <p>Score “0” if the Contractor did not have delivery Sites with these components. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”.</p> <p>Each service delivery site needs a separate column of observation (i.e. outpatient satellite offices, administration building, etc.)</p> | 1 |

Mental Health Review Tool Instructions

| | | | |
|--------------------------|--|---|---|
| <p>§412.312(a)(1)(C)</p> | <p>The Contractor had a locked area for storing drugs, needles, syringes, hazardous materials, and other dangerous equipment and chemical products.</p> | <p>Ask the point of contact where the locked area is located.</p> <p>Score “1” if the Contractor had a designated locked area.</p> <p>Score “0” if the Contractor did not have a designated locked area. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”.</p> <p>Each service delivery site needs a separate column of observation (i.e. outpatient satellite offices, administration building, etc.)</p> | <p style="text-align: center;">1</p> |
| <p>§412.312(a)(6)</p> | <p>The Contractor implemented procedures for the disposal of biohazardous wastes that minimize the risks of contamination, injury, and disease transmission.</p> | <p>Score “1” if the Contractor implemented procedures that addressed the disposal of biohazardous wastes that minimize the risks of contamination, injury, and disease transmission.</p> <p>Score “0” if the Contractor did not implement procedures that addressed the disposal of biohazardous wastes that minimize the risks of contamination, injury, and disease transmission.</p> <p>*Answer cannot be “NA”</p> <p>Each service delivery site needs a separate column of observation (i.e. outpatient satellite offices, administration building, etc.)</p> | <p style="text-align: center;">1</p> |

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| <p>§412.312(a)(1)(A)</p> | <p>The Contractor had hand-washing facilities and supplies in restrooms and areas where staff has routine physical contact with individuals.</p> | <p>Score “1” if the Contractor had hand-washing facilities and supplies in restrooms and areas where staff has routine physical contact with individuals.</p> <p>Score “0” if the Contractor did not have hand-washing facilities and supplies in restrooms and areas where staff has routine physical contact with individuals.</p> <p>*Answer cannot be “NA”</p> <p>Each service delivery site needs a separate column of observation (i.e. outpatient satellite offices, administration building, etc.)</p> | <p style="text-align: center;">1</p> |
| <p>§404.164(b)</p> | <p>The Contractor had postings that included the name, telephone number, and mailing address of the rights protection officer.</p> | <p>Score “1” if the Contractor had the required postings,</p> <p>Score “0” if the Contractor did not have the required postings,</p> <p>*Answer cannot be “NA”.</p> <p>Each service delivery site needs a separate column of observation (i.e. outpatient satellite offices, administration building, etc.)</p> | <p style="text-align: center;">1</p> |

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| <p>§412.312(a)(3)</p> | <p>The Contractor appeared to comply with the most current edition of the Life Safety Code and related codes. (See list on environment reference tab)</p> | <p>Score “1” if the Contractor appeared to comply with the most current edition of the Life Safety Code and related codes. (See list on Reference tab)</p> <p>Score “0” if the Contractor did not comply with the most current edition of the Life Safety Code and related codes. (See list on Reference tab.) Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”.</p> <p>Each service delivery site needs a separate column of observation (i.e. outpatient satellite offices, administration building, etc.)</p> | <p>1</p> |
| <p>§414.554 (c) (1) FYPCN I.A.6.i.</p> | <p>The Contractor identified and displayed the name and phone number of the investigatory agency for incidents of abuse, neglect, or exploitation, for its employees at each of its delivery sites.</p> <p>AND the name, address, telephone number, for Telecommunications Device for the Deaf, AND telephone number, fax number, and e-mail address of the ADA plan updated annually.</p> | <p>Score “1” if the Contractor identified and displayed the information for investigatory agency, TDD, and ADA.</p> <p>Score “0” if the Contractor did not identify and display the name and phone number of the investigatory agency for incidents of abuse, neglect, or exploitation, for its employees at each of its delivery sites. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> <p>Each service delivery site needs a separate column of observation (i.e. outpatient satellite offices, administration building, etc.)</p> | <p>1</p> |

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Table 4 Personnel Tab

| Citation | Item | Instruction | Max Score |
|------------------------------------|--|--|-----------|
| FY17 PCN I.A.5.(c)(5) | The Utilization Manager had at least one year experience in program oversight of mental health care services. | <p>Ask the point of contact for this documentation. Review date of hire and compare to the date of review.</p> <p>Score “1” if the Utilization Manager had one year of experience.</p> <p>Score “0” if the Utilization Manager had less than one year of experience</p> <p>*Answer “NA” if the file being reviewed is not the Utilization Manager.</p> | 1 |
| FY17 PCN I.A.5.c)(2)(a)- (f) | <p>The Utilization Manager was licensed to practice in the State of Texas as a:</p> <ul style="list-style-type: none"> -Registered nurse or a registered nurse-advance practice nurse -Physician assistant -Licensed clinical social worker -Licensed professional counselor -Licensed doctoral level psychologist -Licensed marriage and family therapist | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the Contractor had documentation identifying this information.</p> <p>Score “0” if the Contractor did not have documentation identifying this information.</p> <p>*Answer “NA” if the file being reviewed is not the Utilization Manager.</p> | 1 |
| §412.316(g) | The Contractor had the staff member's job description indicating the performance of utilization management functions. (If the staff member is not the utilization management physician, the staff member's job description indicates they neither provide services nor supervise service providers) | <p>Ask the point of contact for this information. Review the job description.</p> <p>Score “1” if the job description had the information.</p> <p>Score “0” if the job description did not have the</p> | 1 |

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| Citation | Item | Instruction | Max Score |
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| | | required information. *Answer "NA" if the individual did not work with children or | |

Mental Health Review Tool Instructions

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| <p>FY17 PCN I.B.c.(7) e-f</p> | <p>The Contractor ensured that providers of services and supports within TRR were trained in the DSHS-approved evidence-based practices prior to the provision of these services and supports. DSHS-approved evidence-based practices are: (a) Assertive Community Treatment (services); Substance Abuse and Mental Health Services Administration (SAMHSA) Assertive Community Treatment (services); (b) Counseling: Cognitive Behavioral Therapy; (c) Psychosocial Rehabilitation: SAMHSA Illness Management and Recovery; (d) Supported Employment: Dartmouth Psychiatric Research Center – Individual; Placement and Support or SAMHSA Supported Employment; and (e) Supported Housing: SAMHSA Permanent Supported Housing. (f) Co-Occurring Psychiatric and Substance Use Disorders (COPSD)</p> | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the employee completed this training.</p> <p>Score “0” if the employee did not complete this training.</p> <p>*Answer “NA” if individual is not an LPHA.</p> | <p style="text-align: center;">1</p> |
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Mental Health Review Tool Instructions

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| <p>§412.322(a)</p> | <p>The QMHP-CS had training in conducting an assessment.</p> | <p>Ask the point of contact for this documentation (ANSA/CANS).</p> <p>Score “1” if the employee completed this training.</p> <p>Score “0” if the employee did not complete this training.</p> <p>*Answer “NA” if the individual is not a QMHP-CS.</p> | <p style="text-align: center;">1</p> |
| <p>§404.165(1-2)</p> | <p>The employee received client's rights training prior to beginning work and annually thereafter.</p> | <p>Ask the point of contact for this documentation.</p> <p>Score “1” if the employee completed this training.</p> <p>Score “0” if the employee did not complete this training.</p> <p>*Answer cannot be “NA”</p> | <p style="text-align: center;">1</p> |
| <p>§415.257(c)(2-4)</p> | <p>The Contractor ensured that staff member received training in the following areas: 1) Identifying causes of aggressive or threatening behaviors 2) Identifying underlying cognitive functioning and Medical, physical and emotional conditions 3) Identifying medications and their potential effects</p> | <p>Ask the point of contact for this documentation. (example is PMAB)</p> <p>Add “1” point for every training the staff member had, sum the points and add the total to the observed column.</p> <p>Score “0” if the staff member did not have any of the required trainings. Write an explanation for each score of “0” in the comments.</p> <p>*Answer “NA” if the individual did not provide direct care.</p> | <p style="text-align: center;">3</p> |

Mental Health Review Tool Instructions

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| <p>§415.257(c)(6-7)</p> | <p>The Contractor ensured staff member received training in the following areas: 6) How staff and client's interactions can affect behavior outcomes 7) Applying communication strategies to de-escalate situations</p> | <p>Ask the point of contact for this documentation. (example is PMAB)</p> <p>Add "1" point for every training the staff member had, sum the points and add the total to the observed column.</p> <p>Score "0" if the staff member did not have any of the required trainings. Write an explanation for each score of "0" in the comments.</p> <p>*Answer "NA" if the individual did not provide direct care.</p> | <p>2</p> |
| <p>§416.13(c)</p> | <p>Staff working in child and adolescent programs received training in growth and development treatment needs and an approved skills training curriculum. (see UM guidelines)</p> | <p>Ask the point of contact for this documentation.</p> <p>Score "1" if the staff member had all of the documentation in their file.</p> <p>Score "0" if the staff member did not have any or all of the documentation in their file. Write an explanation for each score of "0" in the comments.</p> <p>*Answer "NA" if the individual did not provide direct care.</p> | |
| <p>§412.316(e)(1)(2)</p> | <p>The Contractor verified the CSSP staff had: -A high school diploma or high school equivalent -Three continuous years of documented full-time experience in the provision of mental health case management or rehabilitative services prior to August 31, 2004</p> | <p>Ask the point of contact for this information.</p> <p>Score "1" if the staff member had all of the documentation in their file.</p> <p>Score "0" if the staff member did not have any or all of the documentation in their file. Write an explanation for each score of "0" in the comments.</p> | <p>1</p> |

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| | | <p>*Answer "NA" if the individual is not a CSSP.</p> | |
| <p>§451.108(f)(1-3)</p> | <p>Staff who will coordinate intervention and/or participation or will consult with and/or monitor a participant completed eight hours of training before working with program participants.(1) The Contractor ensured peer provider staff received training in the following: -program and participant confidentiality requirements(1) -At least five hours (1) of the training must be conducted by a mental health professional and include the following topics: (1) chemical dependency and mental illness, including appropriate treatment; (2) guidelines for identification; and (3) Intervention and advocacy skills, as applicable.</p> | <p>Ask the point of contact for this documentation.</p> <p>Add "1" point for every training the staff member had, sum the points and add the total to the observed column. Look for the topic preceding the point indicator "(1)".</p> <p>Score "0" if the staff member did not have any of the required trainings. Write an explanation for each score of "0" in the comments.</p> <p>*Answer "NA" if the employee is not a peer provider.</p> | <p>4</p> |

Mental Health Review Tool Instructions

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| <p>§412.316 (h)(1)</p> | <p>The Contractor maintained personnel files for each staff member that included: 1. Current, signed job description for each staff member</p> | <p>Ask the point of contact for this documentation.</p> <p>Score “1” point for element the personnel file had, sum the points and add the total to the observed column.</p> <p>Score “0” if all elements were missing in the personnel file. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | <p style="text-align: center;">1</p> |
| <p>§412.316 (h)(2) Health and Safety Code, Title 7, Subtitle A, §534.010</p> | <p>The Contractor maintained personnel files for each staff member that included: 2. Documented, periodic performance reviews The Board performed performance evaluations of the Contractor’s Executive Director or Chief Executive Officer.</p> | <p>Ask the point of contact for this documentation.</p> <p>Add “1” point for each element the personnel file had, sum the points and add the total to the observed column.</p> <p>Score “0” if all elements were missing in the personnel file. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | <p style="text-align: center;">1</p> |
| <p>§412.316 (h)(3)</p> | <p>The Contractor maintained personnel files for each staff member that included: 3. Copies of current credentials and training</p> | <p>Ask the point of contact for this documentation.</p> <p>Add “1” point for each element the personnel file had, sum the points and add the total to the observed column.</p> <p>Score “0” if all elements were missing in the personnel file. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | <p style="text-align: center;">1</p> |

Mental Health Review Tool Instructions

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| <p>§412.316 (h)(4)</p> | <p>The Contractor maintained personnel files for each staff member that included: 4. Evidence of criminal background checks</p> | <p>Ask the point of contact for this documentation.</p> <p>Add “1” point for each element the personnel file had, sum the points and add the total to the observed column.</p> <p>Score “0” if all elements were missing in the personnel file. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | <p>1</p> |
| <p>FY17 SOW MHFA I.B.1.</p> | <p>The Contractor ensured the MHFA Instructor completed training and included a training certificate from one of the authorities.</p> | <p>Ask the point of contact for this information.</p> <p>Score “1” if the staff member had this training.</p> <p>Score “0” if the staff member did not have this training. Write an explanation for the score of “0” in the comments.</p> <p>*Answer “NA” if the file being reviewed is not the MHFA instructor.</p> | <p>1</p> |

Table 5 Subcontractor Tab

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| <p>§412.62(a)(1-7)</p> | <p>(a)The local authority shall monitor each community services contractor's compliance with the contract and evaluate the contractor's provision of services, including: (1) competency of the contractor to provide care; (2) consumers' access to services; (3) safety of the environment in which services are provided; (4) continuity of care; (5) compliance with the performance</p> | <p>Ask the point of contact for documents to support 1-7. For example: trainings, policy and procedures, customer survey results.</p> <p>Score “0” if all elements are missing.</p> <p>Score “1” if all elements are present.</p> <p>*Answer cannot be “NA” (Do not complete this tab if does not apply to the contractor).</p> | <p>1</p> |
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| | expectations; (6) satisfaction of consumers and family members with services provided; and (7) utilization of resources. | | |
| §412.62(b)(2-4) | <p>(b) Enforcing. The local authority shall enforce each community services contract. The local authority shall develop policies and procedures regarding contract enforcement that address the use of at least the following enforcement actions:</p> <p>(2) technical assistance for contractors;</p> <p>(3) a plan of correction; and</p> <p>(4) sanctions</p> | <p>Ask the point of contact for policies and procedures to support 2-4.</p> <p>Score “0” if all elements are missing.</p> <p>Score “1” if all elements are present.</p> <p>*Answer cannot be “NA” (Do not complete this tab if does not apply to the contractor).</p> | 1 |
| §412.327(b) | <p>The LMHA or MCO developed and implemented written policies and procedures for supervision of all staff providing direct services.</p> | <p>Ask the point of contact for supervision policies and procedures for all subcontractors.</p> <p>Score “0” if all elements are missing.</p> <p>Score “1” if all elements are present.</p> <p>*Answer cannot be “NA” (Do not complete this tab if does not apply to the contractor).</p> | 1 |
| FY17 PCN I.A.4.h. | <p>Implement network management practices to promote the effectiveness and stability of the provider network, including a credentialing and re-credentialing process that requires external providers to meet the same professional qualifications as internal providers.</p> | <p>Ask the point of contact for credentialing policies and procedures for all subcontractors.</p> <p>Score “0” if all elements are missing.</p> <p>Score “1” if all elements are present.</p> | 1 |

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| | | *Answer cannot be “NA” (Do not complete this tab if does not apply to the contractor). | |
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Table 5 Client Record Tab

| Citation | Item | Instruction | Max Score |
|----------------------------|---|---|-----------|
| §412.161 (b)(1)(A) | <p><u>Eligibility:</u> The Contractor completed a screening when the individual presented for services that included determining if individual's county of residence was within the LMHAs service area.</p> <p>(If this question is answered with “0”, then NA remaining eligibility questions)</p> | <p>The client's county of residence can be documented on the registration form or on the verified income form.</p> <p>Score “1” if this was documented.</p> <p>Score “0” if this was not documented.</p> <p>*Answer cannot be “NA”</p> | 1 |
| §412.322 (a)(1, 3-5,8) | <p><u>Eligibility:</u> The assessment included:</p> <ul style="list-style-type: none"> -Individual's identifying information -Present status and history, including education, employment, housing, legal, military, development, available social and support systems -COPSD issues -Past and current medical and psychiatric information including trauma -Identification of the family members need for education and support services | <p>This may be located within the screening, Child and Adolescent Needs and Strengths Assessment (CANS) or the Adult Needs and Strengths Assessment (ANSA) at intake.</p> <p>Score “1” point for each component that was documented. Sum the points and add to the observed column.</p> <p>Score “0” for each component that was missing. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 5 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
|-----------------------|--|---|-----------|
| §412.322 (a)(9-10) | <p><u>Eligibility:</u> The eligibility screening/assessment included:</p> <ul style="list-style-type: none"> -Recommendations and conclusions regarding treatment needs -Date, signature, and credentials of staff member completing the assessment | <p>This may be located on the screening/intake form/CANS/ANSA, for both adults and children, family input should be documented.</p> <p>Score “1” point for each component that was documented. Sum the points and add to the observed column.</p> <p>Score “0” for each component that was missing. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 2 |

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| Citation | Item | Instruction | Max Score |
|--------------------------------|---|---|-----------|
| <p>§412.322 (a-b), (a)(10)</p> | <p><u>Eligibility/Crisis:</u> A QMHP-CS completed the (a) screening/assessment and an (b) LPHA provided the diagnosis after a face to face encounter. (a)(10)The assessment included: Date, signature, and credentials of staff completing the assessment.</p> | <p>The QMHP-CS credentials are on the signature line of the screening, intake form, or electronic signature on the CANS or ANSA. The LPHA provides documentation on different forms, depending on the Center. Look for an LPHA signature on a form with a diagnosis. It may be a diagnostic form, a progress note, a medical progress note, etc.</p> <p>Score “1” point for each component that was documented. Sum the points and add to the observed column.</p> <p>Score “0” if none of the components were documented or for each component that was missing. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | <p>3</p> |
| <p>§412.321(e)(4-5)</p> | <p>Crisis screening/assessment: The crisis screening/assessment included: (4) Location where service was provided (5) Behavioral description of the presenting problem</p> | <p>This will be located on the crisis screening/assessment form.</p> <p>Score “1” point for each component located within the assessment. Sum the points and add to the observed column.</p> <p>Score “0” for each component that was missing. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | |

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| Citation | Item | Instruction | Max Score |
|------------------------|--|---|-----------|
| §412.321 (e)(6-11) | <p><u>Crisis Screening/Assessment:</u> The crisis screening/assessment included:</p> <p>6) Lethality (e.g., suicide, violence)</p> <p>7) Substance use or abuse</p> <p>8) Trauma, abuse, or neglect</p> <p>9) The outcome of the crisis</p> <p>10) The names and titles of staff members involved</p> <p>11) All actions, including referrals to address the problem</p> | <p>This information is located on a progress note. If a billing strip is used, verify the information with the corresponding progress note.</p> <p>Score “1” point for each component that was documented. Sum the points and add to the observed column.</p> <p>Score “0” for each component that was missing. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 6 |
| §412.321 (e)(12-15) | <p><u>Crisis documentation:</u> The crisis screening/assessment included:</p> <p>(12) The response of the individual, and/or Collateral</p> <p>(13) Signature and credentials of the staff member delivering the service</p> <p>(14) Event or behavior relating to the individual's treatment which occurs during the provision of the service</p> <p>(15) Follow up activities</p> | <p>This may be located on the crisis progress note.</p> <p>Score “1” point for each component located within the assessment. Sum the points and add to the observed column.</p> <p>Score “0” for each component that was missing. Write an explanation for each score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 4 |
| §404.163(b) | <p><u>Client Rights:</u> Communication of rights were documented on a form with:</p> <p>b) the date, signatures of the individual and/or the parent, conservator, or guardian, the staff member who explained the rights</p> | <p>Review the client’s paper file. Look in consent section first.</p> <p>Score “1” if Contractor has met all components.</p> <p>Score “0” if any applicable component is missing.</p> <p>*Answer cannot be “NA”</p> | 1 |

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| Citation | Item | Instruction | Max Score |
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| §412.106 | <p><u>Financials:</u> A financial assessment was completed within the first 30 days of services and was verified to establish eligibility. (TANF, Medicaid, MCOs, etc.)</p> | <p>This financial eligibility documentation should include supporting documents like identification cards, utility bills, proof of income, or proof of insurance. This question must be answered for the TANF sample too.</p> <p>Score “1” if the financial assessment was completed within the required timeframe.</p> <p>Score “0” if the financial assessment and supporting documentation was not completed in the required timeframe. Write an explanation for the score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |
| §412.106 | <p><u>Financials:</u> The Contractor updated the financial assessment at least annually and whenever there was a significant financial change.</p> | <p>Significant financial changes can include obtaining/loss of insurance, job status, dependent status. This updated documentation is located in the record. This question must be answered for the TANF sample too.</p> <p>Score “1” if there was a financial assessment.</p> <p>Score “0” if there was no financial assessment. Write an explanation for the score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |

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| Citation | Item | Instruction | Max Score |
|------------------------------------|--|--|-----------|
| §412.322(d)(1)(C) | <p><u>Recovery Plan:</u> A recovery plan was created in collaboration with the individual (and Legally Authorized Representative if applicable) (If this question is answered with "0", then N/A remaining Recovery Plan questions)</p> | <p>Review the recovery plan(s). Look for evidence of collaboration. This could be in the form of the individual's language or signatures.</p> <p>Score "1" if this was documented.</p> <p>Score "0" if this was not documented. Write an explanation for the score of "0" in the comments.</p> <p>*Answer cannot be "NA"</p> | 1 |
| FY17 Information Item V: II.D.4.c. | <p><u>Recovery Plan:</u> The contractor ensured the individual crisis Recovery Plan referred to the most effective and least restrictive available treatment.</p> | <p>This may be located with the crisis documentation.</p> <p>Score "1" if this was documented.</p> <p>Score "0" if this was not documented. Write an explanation for the score of "0" in the comments.</p> <p>*Answer cannot be "NA"</p> | 1 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
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| §412.322 (e)(1)(A-G) | <p><u>Recovery Plan</u> included:</p> <p>A) Presenting problem B) Individual's strengths C) Description of the recovery goals and objectives based upon the assessment D) Expected outcomes of the treatment E) Expected date by which the recovery goals will be achieved F) Resources for recovery supports G) Description of the individual's co-occurring substance use or physical health disorder</p> | <p>This may be located on the recovery plan.</p> <p>Score "1" point for each component located within the recovery plan. Sum the points and add to the observed column.</p> <p>Score "0" if any or all the components are not documented. Write an explanation for each score of "0" in the comments.</p> <p>* Answer "NA" if there was not a Recovery Plan.</p> | 7 |
| §412.322 (e)(1)(H)(i-iii) | <p><u>Recovery Plan</u> included:</p> <p>H) Type(s) of services that will be provided to the individual (e.g., psychosocial rehabilitation, medication services, substance abuse treatment, supported employment) (1) i) Description of the strategies to be implemented by staff members in providing the service and achieving goals (1) ii) Frequency (1) , units (1), and duration (1) iii) Credentials of the staff member providing the service (1)</p> | <p>Score "1" point for each component located within the recovery plan. Sum the points and add to the observed column.</p> <p>Score "0" if any or all the components are not documented. Write an explanation for each score of "0" in the comments.</p> <p>* Answer "NA" if there was not a Recovery Plan.</p> | 6 |

Mental Health Review Tool Instructions

| Citation | Item | Instruction | Max Score |
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| §412.322 (e)(2)(A-E) | <p><u>Recovery Plan:</u> The goals and objectives with expected outcomes:</p> <p>A) Specifically addressed the individual's needs, preferences, experiences, and cultural background</p> <p>B) Specifically addressed the individual's co-occurring substance use or physical health disorder</p> <p>C) Were expressed in terms of overt, observable actions of the individual</p> <p>D) Were objective and measurable using quantifiable criteria</p> <p>E) Reflected the individual's self-direction, autonomy, and desired outcomes</p> | <p>Score "1" point for each component located within the recovery plan. Sum the points and add to the observed column.</p> <p>Score "0" if any or all the components are not documented. Write an explanation for each score of "0" in the comments.</p> <p>* Answer "NA" if there was not a Recovery Plan.</p> | 5 |
| §415.5(e) | <p><u>Recovery Plan:</u> The individual's prescribed psychoactive medication was included as an integrated treatment approach on the plan of care.</p> | <p>This may be located in the recovery plan.</p> <p>Score "1" if this was documented.</p> <p>Score "0" if this was not documented. Write an explanation for the score of "0" in the comments.</p> <p>* Answer "NA" if the record indicates the individual was not taking medication.</p> | 1 |

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| Citation | Item | Instruction | Max Score |
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| §412.322 (f)(1)(A) | <p>Recovery Plan: The Contractor reviewed the Recovery Plan prior to authorizing continued services.</p> | <p>This could be a separate form or may be a new recovery plan. Compare the date of authorization with the date of recovery plan review.</p> <p>Score “1” if the criteria were met.</p> <p>Score “0” if a review of the recovery plan did not occur or it did not occur prior to authorization of services. Write an explanation for the score of “0” in the comments.</p> <p>* Answer “NA” if the individual was not in services long enough to have a recovery plan.</p> | 1 |
| §412.322(f)(1)(C) | <p>Recovery Plan: The Contractor determined if the plan adequately addressed the needs of the individual.</p> | <p>Score “1” if the plan adequately addressed the needs of the individual.</p> <p>Score “0” if the plan did not meet needs of the individual identified in the assessment or progress notes. Write an explanation for the score of “0” in the comments.</p> <p>*Answer cannot be “NA”</p> | 1 |

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| §412.322(f)(1) (D) | <p><u>Recovery Plan:</u> The Contractor documented progress on all goals and objectives and any recommendation for continuing services, any change from current services, and any discharge from services.</p> | <p>Score “1” if this was documented.</p> <p>Score “0” if progress was not documented on updated recovery plans. Write an explanation for the score of “0” in the comments.</p> <p>* Answer “NA” if the individual was not in services long enough for a recovery plan update.</p> | 1 |
| §415.6(a)(1-5) | <p><u>Psychiatric Evaluation:</u> The prescribing professional assessed and documented:</p> <ul style="list-style-type: none"> -Medical history -Chief complaint -Psychiatric history -Substance use history -Medication history, including allergies -Labs -Mental Status Exam | <p>This could be a separate form. The physician (MD, PA, Nurse Practitioner, etc.) to document this in the record.</p> <p>Score “1” point for each component located within the recovery plan. Sum the points and add to the observed column.</p> <p>Score “0” if all the components are not documented or for any of the components missing. Write an explanation for the score of “0” in the comments.</p> <p>* Answer “NA” if there was not a Psychiatric Evaluation.</p> | 5 |

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| Citation | Item | Instruction | Max Score |
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| §415.5(f) | <p><u>Psychiatric Evaluation:</u> The prescribing professional documented the rationale for initiating, continuing, or discontinuing psychoactive medication in the clinical record.</p> | <p>This information could be also located on the medication consent forms.</p> <p>Score “1” if this was documented.</p> <p>Score “0” if this was not documented. Write an explanation for the score of “0” in the comments section</p> <p>* Answer “NA” if there was not a Psychiatric Evaluation.</p> | 1 |
| §415.6 (c) | <p><u>Psychiatric Evaluation:</u> An AIMS or DISCUS assessment was completed and documented by an appropriately trained staff prior to initiation of the psychoactive medication known to cause movement disorders.</p> | <p>See list of medications that cause movement disorders on the Medication Reference tab.</p> <p>Score “1” if this was documented.</p> <p>Score “0” if this was not documented. Write an explanation for the score of “0” in the comments section</p> <p>* Answer can be “NA” for certain medications, refer to medication reference tab.</p> | 1 |
| FY17 Information Item C.VII.A.2 | <p>Assessment: Authorizations for ANSA were completed:</p> <ul style="list-style-type: none"> - A Full Level of Care 1M – Annually -A Full Level of Care 1S – 180 days -A Full Level of Care 2 – 180 days -A Full Level of Care 3 – 180 days -A Full Level of Care 4 - 180 days -A Full Level of Care 5 - 90 days -A Full Level of Care 0 - 7 days | <p>See the ANSA for level of care authorized and other required information. Compare the LOC-A date to the previous ANSA date.</p> <p>Score “1” if this was documented.</p> <p>Score “0” if this was not documented. Write an explanation for the score of “0” in the comments section</p> <p>*Answer cannot be “NA”</p> | 1 |

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| FY17 Information Item C.VII.B.2 | <p>Assessment: Authorizations for CANS were completed: -every 90 days (except as noted below) -for LOC 1 may be done every 180 days when both the LOC-R and LOC-A equal LOC-1 and the preceding LOC-R and LOC-A equal LOC-1 and when the Extended Review box has been checked</p> | <p>See the CANS for level of care authorized and other required information. Compare the LOC-A date to the previous CANS date.</p> <p>Score “1” if this was documented.</p> <p>Score “0” if this was not documented. Write an explanation for the score of “0” in the comments section</p> <p>*Answer cannot be “NA”</p> | 1 |
| §412.326(a)(1-2,5-6) | <p><u>Rehab Documentation:</u> Progress notes included: (1) The name of the individual to whom the service was provided, including the LAR or primary caregiver (2) The type of service provided (5) The location where the service was provided (6) A summary of the activities that occurred</p> | <p>Review progress notes.</p> <p>Score “1” point for each component documented. Sum the points and add to the observed column.</p> <p>Score “0” if for each item not documented. Write an explanation for each score of “0” in the comments section</p> <p>*Answer cannot be “NA”</p> | 4 |

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| Citation | Item | Instruction | Max Score |
|------------------------|--|--|-----------|
| §412.326(a)(7-8,11-13) | <p><u>Rehab Documentation:</u> Progress notes included:</p> <p>(7) the modality of the service provision</p> <p>(8) the method of service provision</p> <p>(11) the treatment plan objective</p> <p>(12) the progress or lack of progress in achieving treatment plan goals;</p> <p>(13) the signature of the staff member providing the service and a notation as to whether the staff member is an LPHA, a QMHP-CS, a pharmacist, a CSSP, an LVN, a peer provider or otherwise credentialed, as required for that service;</p> <p>(14) any pertinent event or behavior relating to the individual's treatment which occurs during the provision of the service.</p> | <p>This information needs to be assessed by reviewing notes for services during a specified time.</p> <p>Score “1” point for each component located within the progress note. Sum the points and add to the observed column.</p> <p>Score “0” if this was not documented. Write an explanation for each score of “0” in the comments section</p> <p>*Answer cannot be “NA”</p> | 6 |
| §412.326(b) | <p><u>Rehab Documentation:</u> The Rehab progress note was made within two business days after each contact that occurred.</p> | <p>Compare date of service(s) to the date the note was written.</p> <p>Score “1” point if the 75% or more of the progress note(s) were written within two business days of the service.</p> <p>Score “0” if 25% or more were not written within two business days. Write an explanation for each score of “0” in the comments section</p> <p>*Answer cannot be “NA”</p> | 1 |

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| Citation | Item | Instruction | Max Score |
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| §412.413(c)(1-5) | <p><u>Case Management Documentation:</u> The case manager documented the following for all services provided:</p> <p>(1) the event or behavior that occurred while providing the MH case management service or the reason for this specific encounter;</p> <p>(2) the person, persons, or entity, including other case managers, with whom the encounter or contact occurred;</p> <p>(3) the recovery plan goal(s) that was the focus of the MH case management service, including the progress or lack of progress in achieving recovery plan goal(s);</p> <p>(4) the timeline for obtaining the needed services;</p> <p>(5) the specific intervention that is being provided;</p> | <p>Assess all the notes in the specified time frame. Answer positively is 75% or more of the notes met the requirements. Score negatively if 25% or more of the notes did not meet the requirements.</p> <p>Score “1” point for each component in the progress note. Sum the points and add to the observed column.</p> <p>Score “0” if this was not documented. Write an explanation for each score of “0” in the comments section</p> | 5 |
| §412.413(c)(6-11) | <p><u>Case Management Documentation:</u> The case manager documented the following for all services provided:</p> <p>(6) the plan to proceed based upon the facts presented in this encounter or the resolution, if any;</p> <p>(7) the date the MH case management service was provided;</p> <p>(8) the begin and end time of the MH case management service;</p> <p>(9) the location where the MH case management service was provided and whether it was a face-to-face or telephone contact;</p> <p>(10) the signature of the employee providing the MH case management service and their credentials; and</p> <p>(11) the timeline for reevaluating the needed services.</p> | <p>Assess all the notes in the specified time frame. Answer positively is 75% or more of the notes met the requirements. Score negatively if 25% or more of the notes did not meet the requirements.</p> <p>Score “1” point for each component in the progress note. Sum the points and add to the observed column.</p> <p>Score “0” if this was not documented. Write an explanation for each score of “0” in the comments section</p> | 6 |

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| Citation | Item | Instruction | Max Score |
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| §416.8(a)(1-7) | <p><u>Documentation Medication (Med) Training & Support:</u> Med Training and Support documentation consisted of one or more of the following:</p> <ul style="list-style-type: none"> - Education about medications and their possible side effects - Understanding the nature of mental illness - Understanding the concepts of recovery and resilience - Understanding the role medications in reducing symptoms - Learning the contraindications of the individual's medication - Identifying and managing the individual's symptoms - Education in understanding the overdose precautions - Learning self-administration of the individual's medication | <p>Compare the date of the services, to dates of entry for the time frame being reviewed.</p> <p>Score “1” if this was documented within two business days.</p> <p>Score “0” if this was not documented within two business days. Write an explanation for the score of “0” in the comments section</p> <p>*Answer cannot be “NA”</p> | 1 |
| FY17 Information Item V: I.D.1.c. | <p><u>Crisis Documentation:</u> Initial crisis follow-up and relapse prevention was completed in 24 hours.</p> | <p>Compare the date of the services, to dates of entry.</p> <p>Score “1” if this was documented within 24 hours.</p> <p>Score “0” if this was not documented within 24 hours. Write an explanation for the score of “0” in the comments section</p> <p>*Answer cannot be “NA”</p> | 1 |

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| Citation | Item | Instruction | Max Score |
|-------------------------|---|--|-----------|
| FY17 PCN I.A.5.(l) 1.a. | <p><u>Program Service:</u> The Contractor ensured that Individuals on the waiting list with an LOC-R of Adult 3 or 4 and all children were monitored at least once every 30 days from the date of placement.</p> | <p>Score “1” if there was evidence that 75% or more the individual(s) on the waiting list were contacted at least once every 30 days.</p> <p>Score “0” if there was no evidence that 25% or more of the individual(s) on the waiting list were contacted at least once every 30 days. Write an explanation for the score of “0” in the comments section</p> <p>* Answer NA if the individuals were not in LOC-R Adult 3 or 4 or were not children.</p> | 1 |
| FY17 PCN I.A.5.1.1.a. | <p><u>Program Service:</u> The Contractor ensured that individuals on the Waiting List with an LOC-R Adult 1 or 2 were monitored at least once every 90 days from the date of placement on the waiting list.</p> | <p>Score “1” if there was evidence that 75% or more the individual(s) on the waiting list were contacted at least once every 90 days.</p> <p>Score “0” if there was no evidence that 25% or more of the individual(s) on the waiting list were contacted at least once every 90 days. Write an explanation for the score of “0” in the comments section</p> <p>* Answer NA if the individuals were not in LOC-R Adult 1 or 2.</p> | 1 |

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| Citation | Item | Instruction | Max Score |
|----------------------------|--|---|-----------|
| FY17 SOW OCR I.11.(a-e) | <p>OCR Eligibility: The Contractor ensured eligibility by:</p> <ul style="list-style-type: none"> a) Conducting an eligibility and intake assessment, b) Conducting a psychosocial assessment, c) Administering the DSHS Substance Abuse Screening Tool, d) Administering a risk assessment such as the Historical, Clinical, Risk Management, and Violence Risk Assessment Scheme (HCR-20), e) Administering the Outreach, Screening, Assessment, and Referral measure, if appropriate. (If not applicable, score a '1' on this.) | <p>Review assessment and screenings.</p> <p>Score “1” if the contractor documented all items.</p> <p>Score “0” if the contractor did not document all items. Write an explanation for the score of “0” in the comments section.</p> <p>Answer “NA” if individual is not in the OCR program.</p> | 1 |
| FY17 SOW OCR I.19. | <p>Program Service: Documentation in client's file indicated services included the Competency Restoration curricula.</p> | <p>Review progress notes.</p> <p>Score “1” if the contractor provided educational or there was documentation indicating the reason there were not educational services.</p> <p>Score “0” if the contractor did not provide educational or there was not documentation indicating the reason there were not educational services. Write an explanation for the score of “0” in the comments section.</p> <p>Answer “NA” if individual is not in the OCR program.</p> | 1 |

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| Citation | Item | Instruction | Max Score |
|------------------------|--|--|-----------|
| FY1 SOW OCR I.22. | Program Service: The Contractor provided face-to-face services at least twice weekly. | <p>Compare the date of the services, to the previous service date.</p> <p>Score “1” if the contractor provided face to face services at least twice weekly.</p> <p>Score “0” if the contractor did not provide face to face services at least twice weekly. Write an explanation for the score of “0” in the comments section.</p> <p>Answer “NA” if individual is not in the OCR program.</p> | 1 |
| FY17 SOW OCR I. 21. | Program Service: Documentation in client's file indicated the client was screened for permanent supportive housing and basic rental assistance programming. | <p>Progress notes and ANSA will identify housing needs. Check progress notes for supported housing services provided.</p> <p>Score “1” if the services were provided.</p> <p>Score “0” if the services were not provided. Write an explanation for the score of “0” in the comments section.</p> <p>Answer “NA” if individual is not in OCR program or if housing service is not needed.</p> | 1 |

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| Citation | Item | Instruction | Max Score |
|----------------------------|--|---|-----------|
| FY17 SOW OCR I.27. | <p><u>Program Service:</u> The Contractor provided continuity of care for individuals completing the Program.</p> | <p>Review progress notes and Recovery Plan.</p> <p>Score “1” if the services were provided.</p> <p>Score “0” if the services were not provided. Write an explanation for the score of “0” in the comments section.</p> <p>Answer “NA” if individual is not in OCR program or if the individual was still in services.</p> | 1 |
| FY17 SOW OCR I.28 | <p><u>Program Service:</u> The Contractor documented the reason for non-completion of the OCR services.</p> | <p>Review progress notes and or discharge summary.</p> <p>Score “1” if reason is documented.</p> <p>Score “0” if documentation is missing. Answer N/A if it is non-applicable.</p> | 1 |
| FY17 SOW RTCI I.B.3.(f) | <p><u>Program Service:</u> The Contractor communicated at least weekly with the child/youth’s Case Manager at the Residential Treatment Center (RTC) regarding progress toward discharge and reunification.</p> | <p>If child is identified as RTCI, this information will be in the progress notes.</p> <p>Score “1” if the services were provided weekly</p> <p>Score “0” if the services were not provided weekly. Write an explanation for the score of “0” in the comments section.</p> <p>Answer “NA” if individual is not in the RTCI program.</p> | 1 |

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| Citation | Item | Instruction | Max Score |
|---------------|--|---|-----------|
| §414.405(a-b) | <p><u>Medication Consent:</u> The Contractor obtained informed medication consent for each individual medication. Note: This must be a written document approved by DSHS.</p> | <p>The form must list each medication.</p> <p>Score “1” if this was documented.</p> <p>Score “0” if this was not documented. Write an explanation for the score of “0” in the comments section.</p> <p>*Answer can be “NA” if the client did not take medication from the physician at the center.</p> | 1 |
| §412.322 (h) | <p><u>Discharge Summary:</u> The discharge summary occurred no later than 21 calendar days after an individual's discharge.</p> | <p>Compare the date of discharge to the date of entry on the summary.</p> <p>Score “1” if this was documented the 21st day and thereafter.</p> <p>Score “0” if the discharge summary occurred after the 21st day. Write an explanation for the score of “0” in the comments section.</p> | 1 |
| §412.221 | <p><u>Discharge:</u> (a) When it is determined a person no longer needs services, the determination shall be discussed with person and person's LAR, if any. Written notification of termination and appeal process shall be provided. (b) The LMHA is responsible for ensuring the completion of the person's summary of care in accordance with §412.315(e)</p> | <p>This may be located in the discharge summary.</p> <p>Score “1” point for each component documented in the discharge summary. Sum the points and add to the observed column.</p> <p>Score “0” if this was not documented, or for each component that was missing. Write an explanation for each score of “0” in the comments section.</p> | 2 |

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|--------------------------------|--|---|-----------|
| §412.322 (h)(1-3) | <p><u>Discharge Summary:</u> The Contractor documented the discharge summary in the individual's medical record and addressed the following:</p> <ol style="list-style-type: none"> 1) Based upon input from all the disciplines of treatment involved in the individual's treatment plan, of all the services provided, the individual's response to treatment, and any other relevant information 2) Recommendations made to the individual or their LAR, if applicable 3) The individual's last diagnosis | <p>This may be located in the discharge summary.</p> <p>Score “1” point for each component documented in the discharge summary. Sum the points and add to the observed column.</p> <p>Score “0” if this was not documented, or for each component that was missing. Write an explanation for each score of “0” in the comments section.</p> | 3 |
| FY17 SOW OCR I.27.a)- d) | <p><u>Discharge:</u> OCR Contractor created discharge plans for individuals in the Program that ensured:</p> <ol style="list-style-type: none"> a) Maintaining housing and utilities for at least three months; b) Facilitating ongoing services through the LMHA c) Providing medication and documentation on a scheduled follow-up psychiatrist appointment d) Completing all appropriate benefits applications e) Confirm that an individual being discharged from the Program shall not be referred to an assisted living facility not licensed under the Chapter 247. | <p>This may be located in the discharge plan.</p> <p>Score “1” point for each component documented in the discharge summary. Sum the points and add to the observed column.</p> <p>Score “0” if this was not documented, or for each component that was missing. Write an explanation for each score of “0” in the comments section.</p> <p>Answer “NA” if individual is not in the OCR program</p> | 4 |