

Document Type: ¹	<input checked="" type="checkbox"/> Policy & Procedure	<input type="checkbox"/> Process Guideline	Adopted: 11/29/07
	<input type="checkbox"/> Plan	<input type="checkbox"/> System Description	Last Reviewed: 00/00/00
			Retired: _____

Revisions: _____

Document Scope: (applies to Policy & Procedure only)

- X – The requirements herein apply only to the GCBH Central Office and its functions.
- The requirements herein apply, verbatim, to GCBH and its network providers².
- The requirements herein apply both to GCBH and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.

PURPOSE: To define processes for monitoring the performance of residential and inpatient providers, as required by WAC 388-865-0229(2)(c & d).

POLICY

- A. Residential and inpatient providers are surveyed by numerous entities including DSHS, DOH, local health and building code officials, fire inspectors and accrediting bodies. GCBH’s monitoring strategy for these providers will consist primarily of conducting periodic assessments to ensure that providers of residential and inpatient services within its network comply with the expectations of these established bodies demonstrating that the providers are providing consumers with quality services

PROCEDURE

1. The GCBH Contracts Department and Medical Director are responsible for developing and ensuring the adequacy of the review tool by which residential and inpatient service providers’ certification and compliance with applicable statutes, rules and regulations are monitored.
 - 1.1. The Performance Review Tool is available to providers on the GCBH website.
2. Performance reviews occur primarily as “desk audits” via which written responses to the review tool are submitted by the providers. These reviews will not duplicate review of information covered in other GCBH reviews (i.e., if a provider is contracted for other GCBH services review of compliance will not be duplicated in monitoring residential and inpatient services). However, on-site reviews by GCBH staff are done when warranted, due to questions regarding the information supplied by providers or other concerns.
3. Reports which include a summary of the findings and any recommendations made based on the findings are prepared by the Contract Department and reviewed by the GCBH Quality Management Organizational Committee (QMOC).
 - 3.1. The QMOC provides feedback to the RSN Director and Governing Board for consideration during the contract renewal process.
 - 3.2. Based on the findings, the Contract Department or the QMOC may recommend the development of a corrective action plan (CAP). When a CAP is deemed necessary, the QMOC is responsible for monitoring the agency’s response.

¹See definitions of document types in AD100, “Development, Approval & Review of Formal RSN Documents”

²“Network Provider” – An organization with which GCBH is contracted for the provision of direct services.

4. Documentation of the performance audits is maintained as part of the GCBH Quality Management Program.

APPROVAL

/S/ William Wilson
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11/29/07