
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE

POLICY AND PROCEDURE MANUAL

DMHSA Administration

SUBJECT: DMHSA Policy and Procedures on
Policies and Procedures

REFERENCE: J.C., *et. al* vs. Camacho, *et. al* CIV01-
00041 and R.A. vs. Camacho, *et. al*
CIV04-00005 in USDC (Guam)
Joint Commission Standard LD.3.60

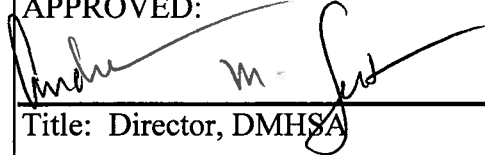
Number: 10.01.101

Effective Date: 10/30/07

History: 1990

Page: 1 of 5

APPROVED:


Title: Director, DMHSA

PURPOSE

To provide a standard process for the development, review, approval and distribution of policies and procedures for which all Department of Mental Health and Substance Abuse employees and contractors are officially required to abide by in their performance of their work and to ensure effective communication throughout the entire organization that supports optimal level of services to consumers.

POLICY

All official DMHSA policies and procedures shall be in writing and must conform to Guam and/or Federal law; rules, regulations or directives of authorized agencies within the Government of Guam; the standards and requirements of pertinent certifying, licensing, and/or accrediting agencies; and official DMHSA organizational statements.

DMHSA's appointing authority will solicit the legal opinion from the Attorney General's office if there appears to be in congruencies or questionable conflict between different laws, regulations, or directives.

RESPONSIBILITY STATEMENTS

The Quality Improvement Committee (QIC) is responsible for reviewing requests for establishing new policies or revisions to old policies. The QIC will review all Policies and Procedures every two years or as deemed appropriate if changes or revisions are warranted.

The DMHSA appointing authority signs all Policies upon review and recommendation for approval by the DMHSA Executive Team (ET). The ET is responsible for ensuring that all official Policies and Procedures reflect input from consumers and other stakeholders. The DMHSA Medical Director reviews clinical DMHSA policies **and** procedures prior to approval by the **ET**.

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DMHSA staff will develop procedures for implementation of all official Policy and Procedures; DMHSA contractors who provide services outsourced will ensure that DMHSA policies and procedures are followed.

Policies and Procedures shall be consistent with the requirements of the Joint Commission on Comprehensive Accreditation Manual for Behavioral Health (CAMBHC), Centers for Medicare and Medicaid Services (CMS), state licensing, Federal and State statutes and regulations, and DMHSA policies.

DMHSA shall require that contracted or monitoring consultants abide by DMHSA Policies and Procedures and are therefore invited to submit recommend changes to existing Policies and Procedures that are necessary for the betterment of services provided and for ensuring safety to personnel and consumers.

DMHSA shall not implement any policies and procedures that conflict with any provision of the Permanent Injunction referenced on page 1.

DMHSA shall ensure that official Policies and Procedures do not conflict with the official terms of Agreements set forth with employee organizations, when applicable. DMHSA Policies and Procedures are reviewed at least every two (2) years in order to ensure relevance and accuracy to current legal statues, programs, policies and professional practices.

All DMHSA employees, contractors, volunteers and professional interns are required to follow officially approved DMHSA Policies and Procedures at all times.

All DMHSA Contractors shall be required to abide by the Policies and Procedures of DMHSA, and to ensure that applicable DMHSA policies and procedures are followed.

All DMHSA Contractors may implement policies and procedures more restrictive than those of the DMHSA, but shall not implement policies and procedures less restrictive than those of the DMHSA.

All Administrators, Branch Supervisors, Program Project Directors will be responsible for ensuring that all employees under their direct supervision have access to and sign in receipt of pertinent Policies and Procedures and Staff Declaration Regarding Policy and Procedure Form (Attachment F).

All DMHS employees and Contractors are required to comply with all written guidelines and protocols set forth in the official DMHSA Policies and Procedures Manual. Employees are held

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with individual responsibility for reviewing all current revised policies and procedures and sign the Staff Declaration Regarding Policy and Procedure Form. Newly hired employees will complete a New Employee Orientation Policy and Procedure Acknowledgement Form (Attachment F) “new” and “revised” polices.

PROCEDURE

1. Any DMHSA staff member may propose a new or revised DMHSA policy and procedure. Prior to authoring a new policy, or revising an old policy, requestor shall complete a Quality Improvement Policy Request/Review Form (QIPRF - Attachment A) and submit the request to the Quality Improvement Committee (QIC). An individual’s supervisor or any DMHSA committee may direct a staff to submit a QIPRF to develop or revise a policy to QIC that is relevant to their assigned area of expertise and work performed. The QIC shall review each proposal to determine if DMHSA policies and procedures are necessary and appropriate.
2. Following approval of request, the author has ten (10) work days to submit a draft of the policy. The first draft is accompanied by a Policy & Procedure Crosswalk Routing Form (PPCRF -Attachment B) and forwarded to the QIC Support Secretary (See Attachment D — Flow Chart Procedure to Finalize Policies). The signed policy is distributed to DMHSA offices and Contracted Providers, as designated on the PPCRF. The policy is placed on the DMHSA network and all parties notified that the new policy is in effect.
3. New and expiring DMHSA policies and procedures are systematically reviewed as a standing agenda item for the DMHSA QIC. The DMHSA QIC will include review of existing policies and procedures, existing DMHSA directives, and state and federal requirements. Administrative support staffs are responsible for tracking, issuing, and disseminating official DMHSA policies and procedures and ensuring that all Manuals contain updated Policies and Procedures. The QIC is also responsible for ensuring consistency with existing and approved written policies and procedures.
4. All DMHSA policies and procedures apply to all staff and contracted providers funded, unless their application is specifically limited or exempted in writing.
5. All DMHSA policies and procedures apply unless their application is specifically limited or exempted in writing.
6. In an emergency or when prompt action is necessary, the DMHSA Appointing Authority or his/her designee may issue position statements, instructions, alerts, or administrative

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directives; however, an administrative directive that requires policy formulation for future guidance shall be assigned to designated staff to be written into a formal policies and procedures format within ninety (90) days of assignment. Failure to convert a position statement, instruction, or administrative directive into a formal policy and procedure will not void the position statement, instruction, or administrative directive which will remain in effect for one year from the date of issue.

7. All policies and procedures must conform to the approved DMHSA format (see Attachment C)
8. All DMHSA staff, Contractors and consumers shall have full and immediate access to DMHSA policies and procedures at all times. Policies and procedures shall be posted on the DMHSA Intra and Internet within two (2) weeks of approval.
9. Supervisors will retain copies of signed Staff Declaration Regarding Policy and Procedure Form for the purpose of ensuring that all have knowledge of and understand the application of the Policy and Procedure within their practice.
10. Original signed Policies and Procedures and any revisions to an official Policy and Procedures are housed in the DMHSA Administrative office in Master Policy and Procedure binder(s), under the control of the Division Secretary.
11. Attachments to a Policy are housed in the Master Policy and Procedure binder.
12. Attachments may also be stored in binders and available for copying and for e-mailing to requesters.

ATTACHMENTS

1. Attachment A — Quality Improvement Policy Request/Review Form (QIPRF)
2. Attachment B — Policy & Procedure Crosswalk Routing Form (PPCRF)
3. Attachment C — Approved Format for Policies and Procedures
4. Attachment D — Flow Chart Procedure to Finalize Policies
5. Attachment E — Staff Declaration Regarding Policy and Procedure

**ATTACHMENT A: 10.01.101
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE**

**Quality Improvement Policy Request/Review Form
(QIPRF)**

This form must be completed prior to initiating a new or any change to **policy or procedure(s)**.

Action _____
Brief title of recommendation, process or P&P change.

Author: _____ QIPRF completed by: _____

Date submitted: _____

.....
Is the Action the result of one of the following YES NO

IF YES, MARK (X) THE CATEGORY.

- _____ A. Grammatical or format changes,
- _____ B. Law or regulatory wording changes that do not affect process,
- _____ C. The change maintains consistency with a previously approved change,
- _____ D. New process implemented by DMHSA or some other authority.

IF NO, COMPLETE THE FOLLOWING QUESTIONS.

-
1. What is the proposed change?

 2. Has Quality Improvement data prompted this change? If so, what?

 3. Describe how the change is consistent with the DMHSA Mission, Vision, Strategic Plan or Plan for Provision of treatment services.

 4. How does the proposed change meet the needs of individuals served, staff and others?

 5. What information from DMHSA or another organization do you have that identifies the potential risks to consumers, if any, related to this change?

 6. Do you plan to pilot test this change to evaluate its affect on Consumer Protection?

.....
QIC requests clarification: _____

QIC Approval: _____
SIGNATURE OF CHAIRPERSON DATE

ATTACHMENT B: 10.01.101
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
Policy & Procedure Crosswalk Routing Form (PPCRF)

Policy #: _____

Suspense Date: _____

Policy Title: _____

Crosswalk List: (Check all that apply)

Facility Operations Supervisor

Drug & Alcohol Supervisor

Prevention & Training Supervisor

Residential/Day Treatment Supervisor

Financial Services Supervisor

Child-Adolescent Svc Div Administrator

Healing Hearts Program Manager

Nursing Services Division Administrator

Research, Planning & Development/MIS Planner/Regulatory

Clinical Services Division Administrator

Medical Records Supervisor

Professional Support Services

Community Support Services Supervisor

Medication Clinic

Reviewed by QIC

Date: _____

Not approved, returned to author

Approved, send to ET

(Author is responsible for revising and rerouting to QIC after revision)

Signature _____

Date: _____

Forwarded to ET for review _____

Reviewed by ET

Date: _____

Not approved, returned to author

Approved, for Posting

(Author is responsible for revising and rerouting to QIC after revision)

Signature _____

Return to ET _____

Date: _____

OK to Distribute

Distribution Date _____

DMHSA Appointing Authority: Signature _____

Suggested method(s) for assuring clarity of intent and comprehension of staff and service providers (check one or more):

Distribute to Policy Book Holders

Distribute to Contract Providers

Distribute and Review at Provider Meetings Stakeholders.

Post on Intranet — Advise all

ATTACHMENT C: 10.01.101
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
APPROVED FORMAT FOR POLICIES AND PROCEDURES

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SUBJECT: D

REFERENCE: E

Number: A

Effective Date: B

History: C

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APPROVED:

Title: Director, DMHSA

The approved format for policies and procedures is available for use with Word, Times New Roman, 12 font. The Department of Mental Health and Substance Abuse administrative support staff is responsible for formatting all official DMHSA Policies and Procedures; the template shall be e-mailed to providers upon request.

- A. The two digit DMHSA number 60; followed by a two digit unit number; followed by a period and a three digit number that identifies the specific policy (i.e. 60.00.101, where "60" identifies DMHSA Clinical Division and "00" identifies Medical Records Branch and "101" is the number of a specific policy).
- B. The effective date of the policy.
- C. If the new policy is a revision, enter REV followed by the number of the original policy. If the policy has not been addressed before, enter NEW.
- D. Title of the policy. Be brief and identify the main idea in the first word.
- E. Identify the law, standard or rule upon which the policy is based upon. Be brief but include the exact reference so that it can be easily traced. If a number of references are to be used, enter SEE PAGE-- (last page of the policy, above attachments section).
- F. Title of DMHSA Administrators for "Acceptance" recommendation for clinical policies and procedures and Title of DMHSA Director for final review and approval.

The body of the document should begin four lines below the last entry on the heading.

PURPOSE

A short written explanation as to WHY the policy is being written.

**ATTACHMENT C: 10.01.101
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
APPROVED FORMAT FOR POLICIES AND PROCEDURES**

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POLICY

Narrative statements on WHAT is to be done.

RESPONSIBILITY STATEMENTS

WHO (position title) is responsible in the organization for implementation of the policy and how knowledge is to be documented.

DEFINITIONS

Organizational terminology used by DMHSA and/or official programs, services and unit names within DMHSA that may be unique to DMHSA and unfamiliar to consumers, other service providers and the general community.

PROCEDURE

Clearly written and concise instructions in a sequential order in answer to HOW, WHO, WHEN and WHERE a process will be carried out from beginning to end.

ATTACHMENTS

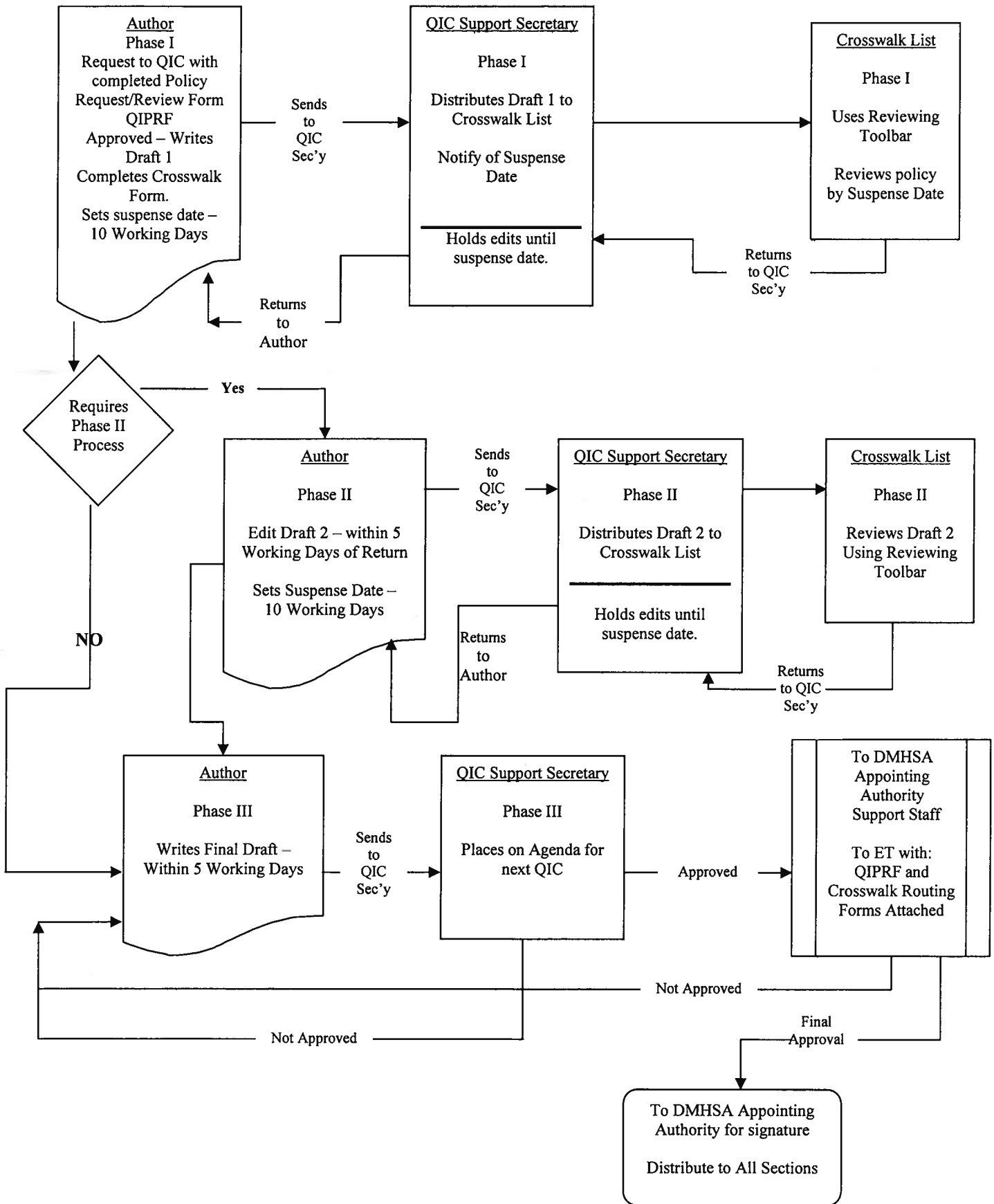
SUPERCEDES:

Identify policy name; policy and procedure code number and (date approved).

Date of Review: // // // //

Initials: [] [] [] []

**Attachment D: 10.01.101
Flow Chart Procedures to Finalize Policies**



**ATTACHMENT E: 10.01.101
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
STAFF DECLARATION
REGARDING POLICY AND PROCEDURE**

POLICY # _____ AUTHOR: _____ CONTACT NO. _____

POLICY TITLE: _____

I have read the above referenced policy and understand that I am responsible for adhering to the Policy in my practice. If I have questions, I understand that it is my responsibility to contact the author for clarification. This is an officially authorized Policy of DMHSA. Failure to comply may result in progressive disciplinary action.

_____ Name: Printed	_____ Name: Signed	_____ Date Signed
_____ Name: Printed	_____ Name: Signed	_____ Date Signed
_____ Name: Printed	_____ Name: Signed	_____ Date Signed
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_____ Name: Printed	_____ Name: Signed	_____ Date Signed

[Attachment to P&P 10.01.101]
[October 2007]

**ATTACHMENT F: 10.01.101
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
NEW EMPLOYEE ORIENTATION POLICY AND PROCEDURE ACKNOWLEDGMENT FORM**

EMPLOYEE NAME: _____ TITLE: _____

EMPLOYMENT LOCATION: _____

I have read the above referenced policy and understand that I am responsible for adhering to the Policy in my practice. If I have questions, I understand that it is my responsibility to contact the author for clarification. This is an officially authorized Policy of DMHSA. Failure to comply may result in progressive disciplinary action.

Policy Title	Policy NO.	Employee Initial
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[Attachment to P&P 10.01.101]
[October 2007]