

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	CMHSP Participant Monitoring & Oversight Procedure		
Policy: <input type="checkbox"/>	Review Cycle: Biennial	Adopted Date: 5.18.15	Related Policies: Monitoring & Oversight Policy
Procedure: <input checked="" type="checkbox"/>	Author: Chief Compliance Officer, Quality Improvement Council	Review Date: 7.2021	
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Purpose

The purpose of this procedure is to guide Mid-State Health Network (MSHN) in the process for conducting on site monitoring and oversight of the Provider Network to ensure compliance with federal and state regulations, and to establish a standardized procedure for conducting on site reviews.

Procedure

In accordance with the MSHN Monitoring and Oversight Policy, MSHN will conduct an on-site review of the CMHSP Provider Network.

- A. A monitoring schedule will be developed yearly and distributed to the CMHSP's according to the Monitoring and Oversight Policy.
- B. At least 30 days prior to the site review, MSHN will send out a review checklist to allow the CMHSP Provider Network sufficient time to prepare and to submit information prior to the site visit. The checklist will include at a minimum the following:
 1. List of agency contacts assigned to applicable site review areas
 2. List of terminated contracts (direct service only)
 3. List of Adverse Benefit Determination Notices
 4. Description of Michigan Mission Based Performance Indicator System (MMBPIS) Process
 5. Description of any process changes from most current Mini I-scat on file
 6. Description of Behavior Treatment Review Process
 7. Description of Critical Incident/Sentinel Event Reporting System Submission/Review Process
 8. Documentation that explains the BH-TEDS and Encounter creation process logic
(see sample document on box)
 9. Provider Monitoring Tool
- C. At least fifteen (15) business days prior to the review, MSHN will send a draft agenda for review and the following:

List of Medicaid Cases selected for review that include:

 1. Michigan Mission Based Performance Indicator System Selection: Performance Indicators (min.2-max.8) *Note:* Selection will include a review of two records for each indicator; however, one record may be applicable for more than one indicator.
 2. Behavior Treatment Selection: BTRP (min.2-max.8)
 3. Critical Incidents Selection: Critical Incidents (min.2-max.8)
 4. Adverse Benefit Determination (ABD) Selection: ABD Notices (min.2-max.8)
 5. Grievance & Appeal Selection: Grievance & Appeal (min.2-max.8)
 6. CMHSP Contract Monitoring Selection: Contracts (min.2-max.8)
 7. Quality Indicator Selection: 10 Consumers (5 DD and 5 MI) from the BH-TEDS file.
 8. Encounter Selection: 6 Professional and 4 Institutional records from the Encounters submitted
 9. Chart Review: MSHN will select a sufficient sample of programs and charts for review.

CMHSPs scoring 95% or greater on a chart during the previous review is not subject to a chart review for that program, with the exception of Autism and Waiver programs. (NOTE: Program charts not reviewed as a result of meeting 95% compliance score will be reviewed at the subsequent full site review.) Additional charts may be selected to ensure a sufficient sample of programs and chart areas will be reviewed. (e.g., ACT, HBS, Autism, Discharge).

The site review will consist of utilizing the following review tools:

1. Staff Training: Review of the primary staff training
2. Credentialing: Review of provider credentialing requirements, primary source verifications, staff qualifications.
3. Program Specific: Review of the Michigan Department of Health & Human Services (MDHHS) Program Specific Requirements.
4. Delegated Managed Care Functions: Review of the delegated managed care functions.
5. Chart Review: Review of assessment, pre-planning, person centered planning, individual plan of service, enrollee rights and level of care.
6. Adverse Benefit Determination, Grievance and Appeal Review Tool
7. MMBPIS Tool: Verification of reported performance indicators
8. BH-TEDS, Encounters, Tools
9. Critical Incident Reporting System Tool: Verification of reported incidents/sentinel events and root cause analysis
10. CMHSP Corrective Action Plan Review: MSHN Desk Audit; MDHHS HSW, SEDW, CWP, Wraparound, Autism reviews; Michigan Mission-Based Performance Indicator System (MMBPIS); Performance Measurement Standards.

Note: Evidence listed on tools are examples of possible evidence – other evidence may be acceptable

An optional entrance conference will be scheduled at the beginning of the first day of the review. The entrance conference will consist of a review of the agenda and materials that will be reviewed.

An exit conference will be scheduled at the end of the review to discuss a summary of the results of the review.

In accordance with the Monitoring and Oversight Policy, MSHN will provide the CMHSP a written report that includes the results of the review within 30 days of the conclusion.

A survey will be sent to the CMHSP within 30 days of completion to allow feedback regarding the site visit and to ensure MSHN provides an opportunity for continuous quality improvement.

Applies to

- All Mid-State Health Network Staff
 Selected MSHN Staff, as follows:
 MSHN's CMHSP Participants: Policy Only Policy and Procedure
 Other: Sub-contract Providers

Definitions

- ASD: Autism Spectrum Disorder
BTR: Behavioral Treatment Plan review
CMHSP: Community Mental Health Service Program
HSW: Habilitation Supports Waiver
SEDW: Severe Emotional Disturbance Waiver
CWP: Child Waiver Program

CIRS: Critical Incident Reporting System
ABD: Adverse Benefit Determination
MDHHS: Michigan Department of Health & Human Service
MMBPIS: Michigan Mission-Based Performance Indicator System
BH-TEDS: Behavioral Health Treatment Episode Data Set
MSHN: Mid-State Health Network
Provider Network: Refers to a CMHSP Participant that is directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through CMHSP subcontractors.

Other Related Materials

HCBS Residential Site Visit Tool
 HCBS Non-Residential Site Visit Tool
 CMHSP Site Visit-Case Selection Form
 MSHN ABD, Grievance and Appeal Review Tools
 CMHSP Staff Training Tool
 CMHSP Staff Credentialing & Re-Credentialing Tool
 CMHSP Program Specific Monitoring Tool – Waivers and Non-Waivers
 CMHSP Delegated Managed Care Tool
 CMHSP Consumer Chart Monitoring Tool
 MSHN MMBPIS Tool
 MSHN CIRS Tool

References/Legal Authority

The Code of Federal Regulations (CFRs)
 PIHP Managed Care Administrative Delegations made to the CMHSP
 PIHP/CMHSP Contract
 PIHP Policies, Standards and Protocols, including both MDHHS and PIHP Practice Guidelines Medicaid Provider Manual
 Medicaid Managed Specialty Supports and Services Program
 Federal Procurement Guidelines (The Office of Federal Procurement Policy (OFPP) - Office of Management and Budget

Change Log:

Date of Change	Description of Change	Responsible Party
05.18.2015	New Policy	Chief Compliance Officer
02.2016	Annual Review	Director of Compliance, Customer Service & Quality
03.2017	Annual Review	Director of Compliance, Customer Service & Quality
03.2018	Annual Review	Director of Compliance, Customer Service & Quality
03.2019	Annual Review Added the tools to related documents	Director of Compliance, Customer Service & Quality
04.2020	Updated based on changes in requirements for waivers, and performance measurement oversight	Director of Compliance, Customer Service & Quality
03.2021	Updated case selection methodology	Director of Provider Network Management Systems