

Mid-State Health Network

SUDSP QAPI Review Process and Review Tool Changes for 2020

12/2019 Provider Meeting

MSHN Quality Oversight Policy & Procedures

- ▶ MSHN QAPI team conducts full reviews every other year and partial reviews (corrective action follow up and any new standards) during the interim years. Additional reviews are conducted as necessary
- ▶ MSHN Review Tools are located on the [MSHN website](#)
- ▶ MSHN policy and procedures are available on the [MSHN website](#)
 - ▶ Quality - Monitoring & Oversight [Policy](#)
 - ▶ Monitoring & Oversight of SUD Service Providers [Procedure](#)
 - ▶ Policy #611 Quality- Medicaid Event Verification
 - ▶ Medicaid Event Verification [Procedure](#)

MSHN SUD Quality Assurance Review Tools

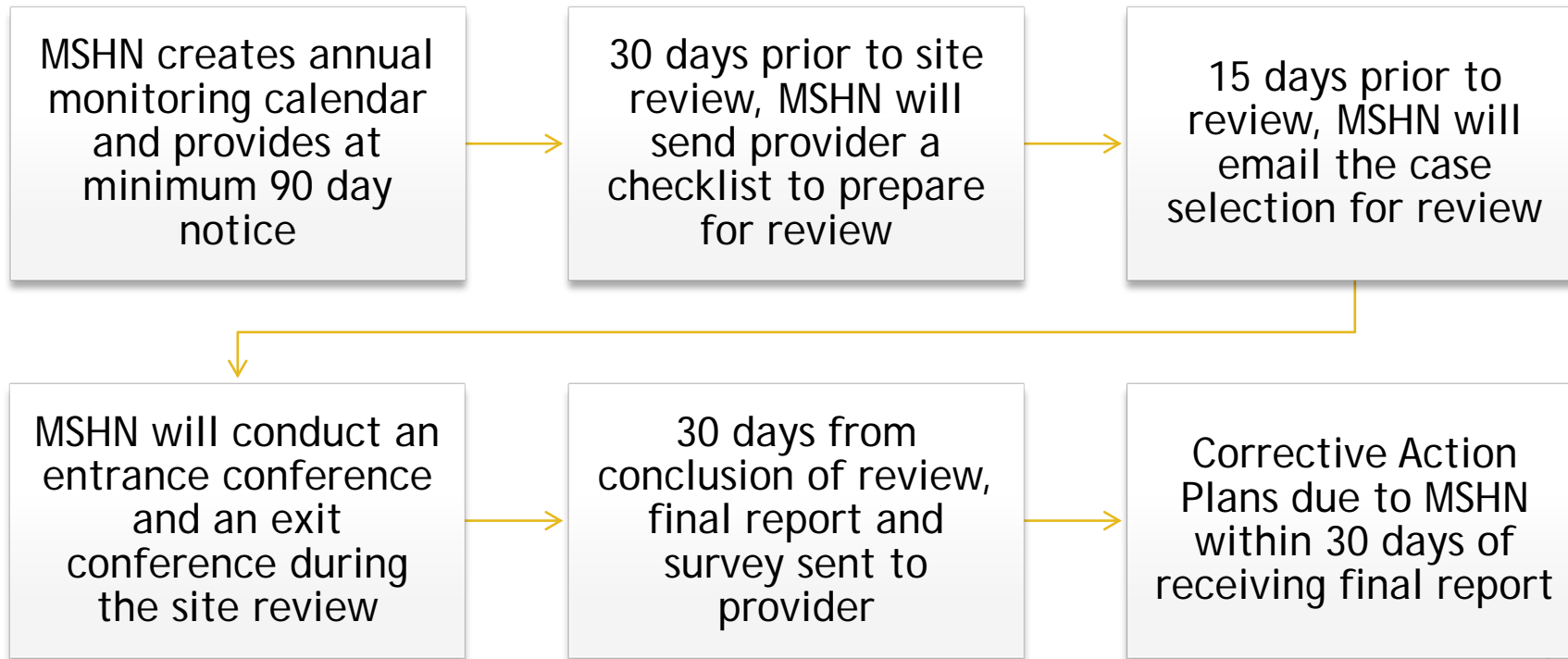
SUD Treatment Provider Review Tools

1. Program Specific - Review of the Michigan Department of Health & Human Services (MDHHS) Program Specific Requirements, Department of Licensing and Regulatory Affairs (LARA) and Mid-State Health Network Contract
2. Delegated Functions - Review of the delegated managed care functions and how those are implemented including policies and procedures
3. Chart Review - Review of screening, assessment, individualized treatment plan, enrollee rights and clinical documentation.
4. Staff Training & Credentialing - Review of the credentialing and re-credentialing process and documentation, primary staff qualifications and annual training
5. Performance Indicators- A selection of reported Performance indicators will be chosen and reviewed for accuracy.
6. Financial Review- Review of financial processes and documentation conducted by MSHN Financial Specialist

Tips for Preparing for an Audit

- ▶ Upload all completed requested tools in the timeframe required
- ▶ Conduct a pre-review using the MSHN Review tools
- ▶ Have all documentation uploaded in advance in Box by the requested timeframe
- ▶ Have all documentation for the on-site review prepared and available for reviewers
- ▶ If you have an EMR, have username and password set up for reviewers prior to reviewers being on site.
- ▶ Utilize the checklists provided.
- ▶ Contact QAPI if there are any questions while preparing.

QA Review Timeline and Process



The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The text is centered in a clean, sans-serif font.

Delegated Managed Care Tool Changes

Individualized Treatment & Recovery Planning

► Overview of Changes:

- 6.1-6.8 - revised standard language to align with source requirements. Updated sources.
- 6.9- **Removed** standard as determined no longer applicable.
 - Medical necessity for services is not required to be on treatment plan; however, mention of changes to be documented are.
 - FY19 Standard Language: Medical Necessity for services, and changes of, are documented and justified in the individualized treatment plan reviews.
- 6.11-6.14- renumbered standards as needed. Revised standard language to align with requirements for clarification.

Coordination of Care

- ▶ Overview of Changes:

- ▶ 7.3 **Removed** standard. Verified in Customer Service section
 - ▶ FY19 7.3 Standard Language: Program keeps a maintained list of resources available includes: names, location, types of services resource will provide, resources' criteria for determining eligibility.
- ▶ 7.5 Revised source

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The central area is white, providing a clean space for the text.

Program Specific Tool Changes

ASAM

- ▶ **Overview of Changes:**
- ▶ 1.1- **Removed** standard - duplicative and reviewed in other areas (Charts, MEV)
 - ▶ FY19 Standard Language: Service hours are consistent with the requirements indicated by the approved LOC determination.
- ▶ 1.2- Added standard
 - ▶ FY20 Language: Access system provides appropriate responses based on presenting circumstances and/or referral requirements Priority population status. Reviewer will look for all components including guidelines for interim service(s).
- ▶ 1.3- **Removed** standard - combined with 1.2 and reviewed in other tools
 - ▶ FY19 Standard Language: There is evidence provider has appropriate processes in place to ensure ASAM LOC Determinations are accurate, change when consumer's status changes, and ASAM is used to fidelity in all situations.

Residential

- ▶ **Overview of Changes:**
- ▶ 2.1- **Removed** standard. Standard has been reviewed for at least 2 review years and no longer relevant to review.
 - ▶ FY19 Standard Language: Provider has deleted any program materials that reference short/long-term programming & implemented into practice.
- ▶ 2.2- **Removed** standard as duplicative and verified in other areas of review.
 - ▶ FY19 Standard Language: Service hours are consistent with the requirements indicated by the approved LOC Determination.

Residential

- ▶ Overview of Changes: continued....
- ▶ 2.4-2.6- **Removed** standards. This is reviewed bi-annually by MDHHS as part of ASAM application/designation process.
 - ▶ 2.4 FY19 Standard Language: Provider has evidence of required supports in place. (Example: 3.1 Supports = 24/7 consultation ability with physician & emergency services.)
 - ▶ 2.5 FY19 Standard Language: Provider has evidence that required staffing is in place.
 - ▶ 2.6 FY19 Standard Language: Provider has evidence that required Co-occurring programming elements are in place.

Residential

- ▶ Overview of Changes: continued...
- ▶ 2.7- **Removed** standard. Language included in ASAM Standard 1.2
 - ▶ FY19 Standard Language: Provider has clear protocols for documenting level of care service provisions based on individualized assessment, diagnosis, ASAM Placement Criteria.

Case Management

- ▶ **Overview of Changes:**
- ▶ 3.1- **Removed** standard. Not necessary to review as identified in Provider Manual.
 - ▶ FY19 Standard Language: Provider can demonstrate policy/procedures are in place to inform clinical recommendation for case management as medically necessary & appropriate based on identified domain in community, relapse history, need for long-term care, and severity of diagnosis.
- ▶ 3.2- Moved to Chart Review Tool
 - ▶ FY19 Standard Language: Services occur in the home/community & not just office
- ▶ 3.3- **Removed** standard. Not necessary to review as identified in Provider Manual.
 - ▶ FY19 Standard Language: Provider has procedures in place to ensure coordination of care, planning and monitoring of recovery services.

Women's Specialty Services Designated

- ▶ Overview of Changes:
- ▶ 5.3- Revised standard to align with language in Treatment Policy 12.
- ▶ 5.4- **Removed** standard. Combined with revised standard 5.3
 - ▶ FY19 Standard Language: Guidelines in place that ensure: Women receive primary medical care/prenatal care/pediatric care for children, Children receive therapeutic interventions, Sufficient case management, Childcare, Transportation

Women's Specialty Services Enhanced

- ▶ Overview of Changes:
- ▶ 5.5-5.10- **Removed** standards. Tx to include in annual plans.
 - ▶ 5.5 FY19 Standard Language: Provider has mechanism for determining eligibility for enhanced women's services which includes: Pregnant, Post-partum (up to 12-months)
 - ▶ 5.6 FY19 Standard Language: Consumers receive information about the program that includes: Engagement & Reengagement Practices, Focus on Effective Contraceptive(s), Focus on access & use of community-based services(include transportation), Services occur in the home/community & not just office
 - ▶ 5.7 FY19 Standard Language: Maintain engaged & consistent contact for at least 18 to 24 months in a home visitation/community based services model, expandable up to three years.*Or demonstration of consistent attempts to engage.
 - ▶ 5.8 FY19 Standard Language: Supervision is provided at least 2 times per month.
 - ▶ 5.9 FY19 Standard Language: Require maximum case load of 15 per peer advocate.
 - ▶ 5.10 FY19 Standard Language: Develop referral agreement with community organization(s) to provide family planning options & instruction.

Chart Review Tool Changes

Individualized Treatment/Recovery Planning & Documentation

- ▶ **Overview of Changes:**
- ▶ 2.1- Revised standard for clarification.
- ▶ 2.2- Updated Source
- ▶ 2.3- Moved to Delegated Functions Tool
- ▶ 2.3- Revised standard for clarification and updated source
- ▶ 2.4- Added Gambling to standard
 - ▶ FY20 Standard Language: Plan(s) address needs/issues identified in assessment(s) (or clear documentation of why issue is not being addressed) including but not limited to:
 - ▶ Substance Use Disorder(s)
 - ▶ Medical/Physical Wellness
 - ▶ Co-Occurring D/O
 - ▶ History/Risk/Present Trauma
 - ▶ Gambling

Individualized Treatment/Recovery Planning & Documentation

- ▶ Overview of Changes:
- ▶ 2.5- Revised language in standard to align with source language
- ▶ 2.6- **Removed** standard as included in 2.5
 - ▶ FY19 Standard Language: Goals & Objectives are: Specific - Individualized, Concise, Clear; Measurable; Attainable; Realistic/Relevant; Timely
- ▶ 2.7- **Removed** standard. Unable to confirm source or requirement.
 - ▶ FY19 Standard Language: Services/supports/interventions identified in the individualized treatment plan assist the individual in pursuing outcomes consistent with their preferences and goals and; Provider utilizes evidence-based practices & programming to fidelity.
- ▶ 2.8- Added language to standard for clarification and to align with language in source. Updated source.

Individualized Treatment/Recovery Planning & Documentation

- ▶ Overview of Changes:
- ▶ 2.9- Revised language to align with language in source for clarification
- ▶ 2.10- **Removed** standard. Reviewed in other areas of review tools.
 - ▶ FY19 Standard Language: If Gambling disorder is identified, then Goal for Gambling Disorder is included on the treatment plan. OR There is documentation that consumer refused a gambling disorder goal and if so, the record includes evidence that provider made a referral to the Gambling Helpline. (Only applicable if the person screened/assessed positively for GD).
- ▶ New Standard- Case Management moved from Program Specific Tool.
 - ▶ 2.8 FY20 Standard Language: Case Management Services occur in the home/community & not just office.

Record Documentation & Progress Notes

- ▶ **Overview of Changes:**
- ▶ 3.1- Updated source
- ▶ 3.2- **Removed** standard. Included in standard in section
 - ▶ FY19 Standard Language: Adjustments are made to the treatment/service plan(s) based on additional/changing needs, goals, or objectives identified throughout the episode of care.
- ▶ 3.3- **Removed** standard- included in MEV review.
 - ▶ FY19 Standard Language: Documents include all required signature(s), qualifications and dates.
- ▶ 3.4- **Removed** standard- included in MEV review.
 - ▶ FY19 Standard Language: Documentation supports the billed service:
 - ▶ progress note completed for all billed services (non-Medicaid funded).
 - ▶ Documentation justifies payment(s)
 - ▶ Documentation includes both provider and consumer participation

Coordination of Care

- ▶ **Overview of Changes:**
- ▶ 4.1- Revised standard to align with requirements. Updated source and evidence.
- ▶ 4.4- updated source

Discharge/Continuity of Care

- ▶ Overview of Changes:
- ▶ 5.3- **Removed** standard as verified and reviewed in other areas of tool.
 - ▶ FY19 Standard Language: *Ensure gambling disorder information is included as is applicable. If Gambling Disorder identified, discharge includes documentation that*
 - ▶ *GD goal was in TX plan*
 - ▶ *Referral was made to helpline*

Residential

- ▶ **Overview of Changes:**
- ▶ 6.1- Revised language of standard to align with new admin rules. Updated source.
- ▶ 6.2- Revised standard and source for clarification and current requirements
- ▶ 6.3- Added language for clarification.

Women's Specialty Services Designated & Enhanced

- ▶ Overview of Changes:
- ▶ 8.2- **Removed** standard. Duplicate standard. Covered in 8.4
 - ▶ FY19 Standard Language: Evidence consumer received supports for birth control/family planning, pregnancy, postpartum and/or parenting issues.
- ▶ 8.4- Added language for clarification

Women's Specialty Services Designated & Enhanced

- ▶ **Overview of Changes:** continued....
- ▶ 8.5-8.8- Tx to add standards to annual plan review
 - ▶ 8.5 There is documentation of consistent attempts to engage client in services for a period of not less than 18 months.
 - ▶ 8.6 There is documentation that services focus on eliminating or reducing the use of alcohol or drugs by both the client and her children.
 - ▶ 8.7 There is documentation that effective use of contraceptive methods is promoted and addressed within treatment.
 - ▶ 8.8 There is documentation of action steps taken to teach client how to effectively use community-based service providers.

Recovery Housing

- ▶ Overview of Changes:
- ▶ 9.1- Added Clarification to evidence column

#	Standard/Elements	Source/Basis	Evidence May Include
9.1	<p>Documentation of eligibility is evidenced by:</p> <ul style="list-style-type: none">• File includes verification of REMI admission from the Outpatient Provider.• Housing Need identified & documented in clinical records as necessary for best recovery outcomes	MSHN Technical Advisory on Housing, Treatment TA #11, NARR guidelines	Consumer charts Outpatient provider verification of admission (OPT provider REMI admission), Verification on TECC form of date of admission to Outpatient provider as provided by OPT provider.

Upcoming Opportunities for Training on Site Review Tools

- ▶ QAPI year end data, from provider site reviews, indicated some areas in need of further support/clarification to include:
 - ▶ Individualized Treatment & Recovery Planning
 - ▶ Coordination of Care
 - ▶ Discharge & Continuity Planning
 - ▶ Case Management
 - ▶ Peer Recovery Supports
 - ▶ Women's Specialty Services
- ▶ MSHN Clinical Teams planning to support webinar trainings in FY20 on these topics on a monthly/bi-monthly basis
 - ▶ First topic planned for FY20: Coordination of Care & Discharge/Continuity of Care
 - ▶ Targeting February 2020; will release info in Constant Contact when finalized.
- ▶ MSHN Financial Specialist will conduct webinar training on the financial review tools for providers early 2020