Mid-State Health Network

September 17, 2020

Provider Meeting

QAPI Updates

Site Review Changes

Melissa Davis, Amy Dillon, Trisha Thrush,
Dan Dedloff, Brandilyn Mason

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
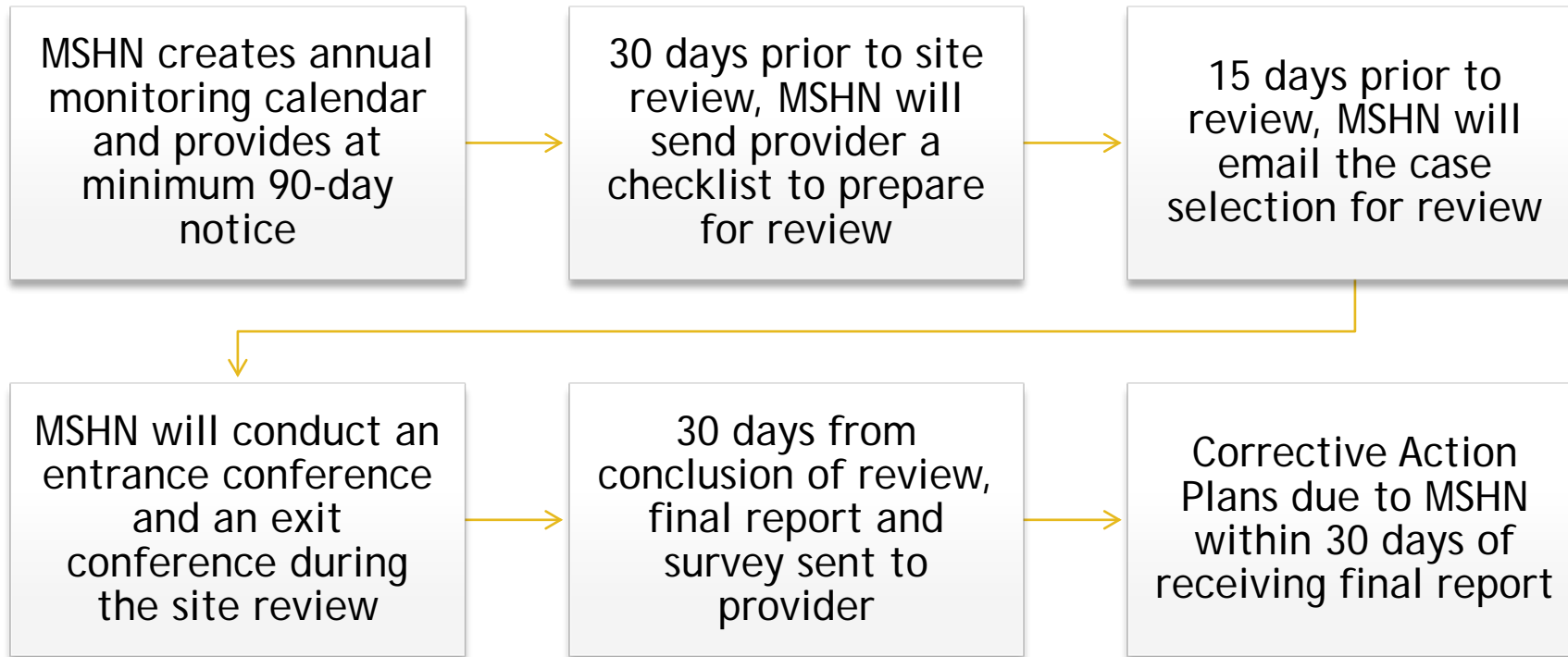
MSHN SUD Quality Assurance Review Tools

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 source verification, 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

- Utilize the preparation checklists provided.

- Conduct a pre-review using the MSHN Review tools; enter name of document provided as evidence for each standard within the 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.

- Contact QAPI if there are any questions while preparing.

QA Review Timeline and Process

MSHN creates annual monitoring calendar and provides at minimum 90-day notice	30 days prior to site review, MSHN will send provider a checklist to prepare for review	15 days prior to review, MSHN will email the case selection for review
MSHN will conduct an entrance conference and an exit conference during the site review	30 days from conclusion of review, final report and survey sent to provider	Corrective Action Plans due to MSHN within 30 days of receiving final report

Corrective Action

- Thoroughly read all documents included within the final report
  - Each individual record should also be reviewed for individual review comments, recommendations, guidance.
- Start the plan as soon as possible and be certain the plan includes the following elements:
  - Evidence of any corrections
  - Detailed description of plan for compliance such as internal oversight & monitoring
  - Time frames
  - Methods for demonstrating implemented action(s) during the interim review
- Answer all findings.

Tips for Corrective Action

- Be timely

- Add check-ins to broad functions calendar(s)

- Monitor! Document! Monitor!

- Ask for help. We want to support your efforts & we want to be helpful.

- Conduct peer reviews.

- Check in! Check in! Check in! (How are we doing on our plan? Are we completing actions? Are we evaluating outcomes?)

- Be certain the plan is realistic and meets program's needs.

- Talk to us. Plans don't always work. Life happens. We understand. Sometimes plans get altered because it makes more sense.

Delegated Managed Care
Tool Changes

Customer Service
Dan Dedloff

MSHN Customer Service & Rights Specialist

- **No significant changes** to the Customer Service *Information*, *Enrollee Rights*, and *Grievance and Appeals* sections of the review tool.

- **Addition:** Adverse Benefit Determination review added to the Grievance and Appeals review process.

- **How to receive high marks for Customer Service sections during a review**:

  - Use the Guide to Services Handbook as a resource and keep it updated.

  - Use the approved, and prepared, Adverse Benefit Determination, Grievance, and Appeals templates. (Word templates available)

  - Have up-to-date policies & procedures with specific timeframes, include the specific Notice templates, and copy freely from the requirements.

  - Contact Dan Dedloff, dan.dedloff@midstatehealthnetwork.org / 989.657.3011, for technical support!

Financial Review
Brandilyn Mason

- **No changes made** to Site Review Protocol for the Full Financial Review.

- **Two Additions** to the Interim Review Attestation Form:

  1. Providers will be required to submit any applicable policies and procedures that have changed since the last full financial review with the attestation.

  2. Providers will be required to submit three (3) months of Cost Reimbursement expenditure documentation. Invoices and receipts should be classified by each category billed to MSHN. MSHN can request expenditure documentation to support Financial Status Report (FSR) billings for any timeframe within the fiscal year of the funding. Providers with multiple FSRs should submit one (1) month of expenditure documentation for each program. *(Please Note: This is not applicable to Fee for Service providers.)*

- Please contact Financial Specialist Brandilyn Mason at *Brandilyn.Mason@midstatehealthnetwork.org or (517) 993-5702 **prior** to your* agency's financial audit to assist with any questions.

Information (Customer Service)

- **Overview of Changes:**
  - **2.15 – Standard** <mark>Removed</mark>
    - Good faith effort to give written notice of termination of contracted provider, within 15 days after receipt or issuance of the termination notice, to each beneficiary who received his or her primary care from, or was seen on a regular basis by, the terminated provider.
  - **2.19 – Standard** <mark>Removed</mark>
    - The information provided to adult beneficiaries on advance directives must reflect changes in State law as soon as possible, but no later than 90 days after the effective date of the change

Quality & Compliance

- **Overview of Changes:**

  - **5.16 -** <mark>New Standard</mark>

    - IT Compliance/IT Management. The provider has written and approved policies for the following:
      - Disaster recovery
      - Policy and
      - Procedure
      - Record Retention Policy
      - Employee acceptable use of IT resources
      - Employee termination (IT section of the HR policy covering termination)

Individualized Treatment & Recovery Planning

- **Overview of Changes:**
  - 6.2 – Revised Language
    - FY20: Treatment/recovery plans must identify treatment goals and objectives as well as specific progress the client has made toward each goal and objective.
    - FY21 Revised Language: Goals and objectives will be written using S.M.A.R.T. criteria.
  - 6.6- Revised Language
    - FY20: A recipient shall participate in the development of his or her treatment plan as evidenced by: a) first person goals, b) treatment/recovery plans must be written using SMART criteria.
    - FY21 Revised Language: A recipient shall participate in the development of his or her treatment plan as evidenced by: a) Person is present and participating during plan development, b) Goals and objectives reflect person-first language.
  - 6.9 – Revised Language
    - FY20: A review of progress notes to ensure documentation relates to goals and objectives, including client progress or lack of progress, changes, etc.
    - FY21 Revised Language: Progress notes include documentation of consumer's progress, or lack of, as it relates to the plan, goals/objectives.

Individualized Treatment & Recovery Planning

- **Overview of Changes:**
  - 6.11 Revised Language
    - FY20: An audit of the treatment and recovery plan progress review to check for: 1. Progress note information matching what is in review, 2. Rationale for continuation/discontinuation of goals/objectives, 3. New goals and objectives developed with client input, 4. Client participation/feedback present in the review, 5. Signatures, i.e., client, counselor, and involved individuals, or documentation as to why no signature.
    - FY21 Revised Language: Treatment plan reviews are reflective of the review time frame progress notes and record information; include rationale for continuing or discontinuing goals/objectives; identify new objectives/goals; include evidence of consumer feedback; include signatures of consumer, counselor, and other relevant parties as is relevant

Individualized Treatment & Recovery Planning

- **Overview of Changes:**
  - 6.12 Revised Language
    - FY20: Fetal Alcohol Spectrum Disorder – 1) For any treatment program that serves women, it is required that the program complete the FASD prescreen for children that they interact with during their mother's treatment episode, 2) There are family situations or histories that also may indicate the need for a referral for a diagnostic evaluation. The possibility of prenatal exposure should be considered for children in families who have experienced one or more of the following: Premature maternal death related to alcohol use (either disease or trauma), Living with an alcoholic parent, Current or history of abuse or neglect, Current or history of involvement with Child's Protective Services, A history of transient care giving institutions, Foster or adoptive placements (including kinship care).
    - FY21 Revised Language: Fetal Alcohol Spectrum Disorder - Treatment PROVIDER that serves individuals with minor children should have policies and procedures in place to: a) Prescreen for potential FASD of all dependent children b) Prescreen for potential FASD for all children with whom PROVIDER has contact, c) Prescreen for potential FASD when family situations or histories may indicate a need for a referral for a diagnostic evaluation. The possibility of prenatal exposure should be considered for children in families who have experienced one or more of the following (i) Premature maternal death related to alcohol use (either disease or trauma) (ii) Living with an alcoholic parent (iii) Current or historical abuse or neglect (iv) Current or historical involvement with Child Protective Services (v) History of transient care giving institutions or (iv) Foster or adoptive placements (including kinship care) and d) Include FASD prevention into treatment regimen. Including providing education on the risks of drinking during pregnancy.

Individualized Treatment & Recovery Planning

- **Overview of Changes:**

  - 6.14 <mark>New</mark> Standard: **Medication Assisted Treatment:** Evidence of Policies and Procedures for administrative discharge that shall include reasons for discontinuation of services as well as the process for implementing an administrative discharge.

  - 6.15 <mark>New</mark> Standard: Cultural competency is evident by (1) sufficient policy and procedure to reflect the value and practice expectations; (2) a method of service assessment and monitoring; (3) ongoing training to assure that staff are aware of, and able to effectively implement, policy; and (4) the provision of supports and services within the cultural context of the recipient.

  - 6.16 <mark>New</mark> Standard: **Trauma Informed Care:** Provider will develop and implement a trauma-informed system for all ages and across the service spectrum and shall ensure the following essential elements are provided: I. Adoption of trauma informed culture: values, principles and development of a trauma informed system of care ensuring safety and preventing re-traumatization, II. Engagement in organizational self-assessment of trauma informed care, III. Adoption of approaches that prevent and address secondary trauma of staff, IV. Screening for trauma exposure and related symptoms for each population, V. Trauma-specific assessment for each population, VI. Trauma-specific services for each population using evidence-based practice(s) (EBPs); or evidence informed practice(s) are provided in addition to EBPs.

Coordination of Care

- **Overview** of Changes:
  - 7.1 Revised Language
    - FY20: Care coordination services include duties associated with: Transferring Clients, Accepting/Sending/Denying Referrals, Treatment Planning for Individual/Family, Discharge Planning
    - FY21 Revised Language: Activities designed to ensure needed, appropriate and cost-effective care for beneficiaries. As a component of overall care management, care coordination activities focus on ensuring timely information, communication, and collaboration across a care team and between Responsible Plans. Major priorities for care coordination in the context of a care management plan include: Outreach and contacts/communication to support patient engagement, Conducting screening, record review, and documentation as part of Evaluation and Assessment, Tracking and facilitating follow-up on lab tests and referrals, Care Planning, Managing transitions of care activities to support continuity of care, Address social supports and making linkages to services addressing housing, food, etc., and Monitoring, Reporting and Documentation.

Coordination of Care

▶ **Overview** of Changes:

  ▶ 7.4 Standard <mark>Removed</mark>: There is a policy in place to determine the necessity or advisability of a medical examination for each client as applicable

  ▶ 7.4 <mark>New</mark> Standard: MDOC Referred Individuals Only: Providers have processes in place to coordinate care with client's supervising agents when referred by MDOC.

Program Specific Tool Changes

Residential

- **Overview of Changes:**
  - 2.1- ==Revised== standard language and split into two standards for 2.1 & 2.2 for FY21.
    - FY20: There are procedures in place to ensure TB testing and medical exams occur, as required.
    - FY21 Revised Language:
      - 2.1: There are policies or procedures in place to ensure TB testing is completed upon admission. With respect to clients who exhibit symptoms of active TB, policies and procedures are in place to avoid a potential spread of the disease.
  - 2.2 ==New== Standard: There are policies and procedures in place to ensure medical exams occur, as required.

Medication Assisted Treatment

- **Overview of Changes:**
  - 5.1 Revised Language
    - **FY20:** There are policies & procedures in place to effectively address the following: off-site dosing, physician coordination of care requirements, Prescriptions for Controlled Substance, Medical Marijuana, Sunday & Holiday requirements for both persons eligible and those deemed ineligible
    - **FY21 Revised Language:** (METHADONE)There are policies & procedures in place to effectively address the following: off-site dosing, Sunday & Holiday requirements for both persons eligible and those deemed eligible.
  - 5.2 Revised Standard to include "METHADONE" as specific to OTP's
  - 5.8 New Standard: There are policies & procedures in place to effectively address the following: physician coordination of care requirements, Prescriptions for Controlled Substances, Medical Marijuana
  - 5.9 New Standard: There is a policy in place to determine the necessity or advisability of a medical examination for each client as applicable
  - 5.10 New Standard: OTP has a policy/procedure in place to articulate how administrative discharges are supported.

Recovery Residence

- **Overview of Changes:**
  - 6.10 New Standard: Evidence of provider notification with person seeking services of requirement to be engaged with an outpatient provider paneled with MSHN. Person needs to be engaged with outpatient provider for at least one service in a 30-day period of time.

Chart Review Tool Changes

Screening, Admission, & Assessment

- **Overview of Changes:**

  - 1.3 Revised Language

    - FY20:In addition to required screening information captured in REMI, there is evidence of screening for: Co-occurring disorder(s), HIV/AIDS, STD/Is, TB, Hepatitis, Trauma

    - FY21 Revised Language: In addition to required screening information captured in REMI, there is evidence of screening for: HIV/AIDS, STD/Is, TB, Hepatitis, Trauma

  - 1.4 Revised Language

    - FY20: Evidence consumer has received information regarding: General nature and objectives of the program, Notice of Privacy, Consent to Treatment, Advanced Directives

    - FY21 Revised Language: Evidence consumer has received information regarding: General nature and objectives of the program, Notice of Privacy, Consent to Treatment, Advanced Directives, Member Handbook, SUD Recipient Rights

Screening, Admission, & Assessment

- **Overview of Changes:**

  - 1.7 Revised Language

    - FY20: Initial assessment and/or timely reassessment contains required elements: ASAM Level of Care-Determination is justified and meets the needs of consumer, Provisional DSM Diagnosis, Clinical Summary, Recommendations for Care.

    - FY21 Revised Language: Initial assessment and/or timely reassessment contains required elements: ASAM Level of Care-Determination is justified and meets the needs of consumer, Provisional DSM Diagnosis, Clinical Summary, Recommendations for Care, MDOC referred individuals provided assessment regardless of screening documentation.

Individualized Treatment/Recovery Planning & Documentation

- **Overview of Changes:**
  - 2.5 Revised item 3 for clarification – Measurable objectives – the ability to determine if and when an objective will be completed.
  - 2.8 Revised Language
    - FY20: Case Management Services occur in the home/community & not just office
    - FY21 Revised Language: Case management services shall be guided by each client's individualized treatment plan. Treatment plan review(s) will incorporate case management goals and outcomes with targeted completion dates that are consistent with the treatment plan and are reflected and/or modified in treatment plan review(s).
  - 2.9 New Standard: An evidence-based practice was used and documented in the record for trauma.
  - 2.10 New Standard: An evidence-based practice was used and documented in the record.

Record Documentation & Progress Notes

- **Overview of Changes:**

  - 3.1 Revised Language

    - FY20: Progress notes reflect information in treatment plan(s): Progress notes tie back to plan(s) ~ Identify what goal/objective(s) were addressed during a treatment session, Services are provided as specified in the plan(s), Document progress/lack of progress toward meeting goals.

    - FY21 Revised Language: Progress notes reflect information in treatment plan(s): Identify what goal/objective(s) were addressed during a treatment session, Individual and group sessions that the person participates in must address or be related to the goals and objectives in the plan, Document progress/lack of progress toward meeting goals.

  - 3.2 New Standard: Services are provided as specified in the plan(s).

Coordination of Care

- **Overview of Changes:**
  - 4.2 Revised Language
    - FY20: There is evidence of coordination of care with external entities including, but not limited to, legal system, child welfare system, behavioral healthcare system.
    - FY21 Revised Language: There is evidence of coordination of care with external entities including, but not limited to, legal system, child welfare system, behavioral healthcare system.
      - MDOC referred individuals have evidence of at least monthly coordination (sent by the 5th day of the following month) between agency and supervising agent

Discharge/Continuity of Care

- **Overview of Changes:**

  - 5.2 <mark>New</mark> Standard: MDOC referred individuals have evidence of the following (with appropriate release): Provider will ensure a recovery plan is completed and sent to the supervising agent within five (5) business days of discharge- plan must include individual's knowledge of plan and any aftercare services, Provider will ensure documentation of informing the client's supervising agent prior to any discharge due to violation of program rules/regulations except in extreme circumstances, Provider will collaborate with the supervising agent for any non-emergency discharge of the referred individual and allow the MDOC time to develop a transportation plan and/or a supervision plan prior to removal.

  - Note: FY20 standard 5.2 was made FY21 standard 5.3. No change to language.

Residential

- **Overview of Changes:**

  - 6.4 ==New== Standard: MDOC Referred Individuals ONLY (with proper release): Individual referred does not appear or is deemed to not meet residential medical necessity the provider will notify the supervising agent within one (1) business day, Referred individual may not be given unsupervised day passes, furloughs, etc. without consultation with the supervising agent, Leaves for any non-emergent medical procedures should be reviewed/coordinated with the supervising agent, If a MDOC referred individual leaves an off-site supervised therapeutic activity without proper leave to do so, the provider must notify the supervising agent by the day on which the event occurred, The PIHP/designated provider may require individuals participating in residential treatment to submit to drug testing when returning from off property activities and any other time there is a suspicion of use. Positive drug test results and drug test refusals must be reported to the Supervising Agent.

  - 6.5 ==New== Standard: MDOC-Additional reporting notifications for individuals receiving residential care include: Death of an individual under supervision, Relocation of an individual's placement for more than 24 hours, The PIHP/designated provider must immediately and no more than one hour from awareness of the occurrence, notify the MDOC Supervising Agent any serious sentinel event by or upon an individual under MDOC supervision while on the treatment premises or while on authorized leaves, The PIHP/designated provider must notify the MDOC Supervising Agent of any criminal activity involving an MDOC supervised individual within one hour of learning of the activity.

Medication Assisted Treatment

- **Overview of Changes:**

  - 7.4 Revised Language

    - FY20: Copies of the prescription label, pharmacy receipt, pharmacy print out, or a Michigan Automated Prescription System (MAPS) report must be included in the individual's chart or kept in a "prescribed medication log" that must be easily accessible for review.

    - FY21 Revised Language: Copies of the prescription label, pharmacy receipt, or pharmacy print out must be included in the individual's chart or kept in a "prescribed medication log" that must be easily accessible for review.

  - 7.5 Revised Language

    - FY20: Documentation of Michigan Automated Prescription System (MAPS) is included in the client file at admission, a prior to any off site dosing, and prior to any reauthorization requests.

    - FY21 Revised Language: Documented review of Michigan Automated Prescription System (MAPS) is included in the client file at admission, a prior to any off--site dosing, and prior to any reauthorization requests. Note: Per MDHHS guidance, the MAPS report cannot be placed in the individual's chart. Information can be documented in the chart.

Medication Assisted Treatment

- **Overview of Changes:**

  - 7.15 <mark>New</mark> Standard: METHADONE ONLY: OTP is following Medicaid Provider Manual guidelines for administrative discharge

  - 7.16 <mark>New</mark> Standard: MDOC Referred Individuals ONLY (with appropriate release): provider informs the Supervising Agent when Medication Assisted Treatment (MAT) is being used, including medication type. If the medication type changes, the Supervising Agent was informed.

Recovery Housing

- **Overview of Changes:**
  - 9.1 Revised Language
    - FY20: Documentation of eligibility is evidenced by: File includes verification of REMI admission from the Outpatient Provider. Housing Need identified & documented in clinical records as necessary for best recovery outcomes
    - FY21 Revised Language: Documentation of eligibility is evidenced by: File includes verification of admission from a MSHN paneled outpatient provider. Housing Need identified & documented in clinical records as necessary for best recovery outcomes

General Notes on QAPI Site Review Tool Updates

- Be sure to review tools for updates to Source documents for the basis of standards reviewed (e.g. BSAAS Policy).

- Evidence of Compliance has been updated for each tool.

- Reviewer Guidelines have been articulated in each tool to inform providers as to what MSHN will be looking for as evidence to support each standard.

- Each tool now includes a "Provider to Complete" section to prepare for the site review:

  - list evidence provided (i.e. name of document uploaded in Box)

  - page number(s) and highlight language - directs reviewers to exact location

- See examples

QAPI Site Review Prep – Provider Feedback

Sarah Sabin, LMSW

Chief Clinical Officer

Family Service & Children's Aid

Questions?

MDOC Referral Reminders

▶ All contract items related to MDOC referred individuals will be active in all SUD Treatment contracts on 10/1/2020.

▶ If supervising agents refer directly to your **residential program**, please redirect them to submit referral documentation to MDOCreferrals@midstatehealthnetwork.org

  ▶ If a residential provider receives a referral from an Outpatient provider, this should be considered the same as a referral from MSHN.

▶ All other levels of care can receive direct referrals

▶ Contact Cammie Myers at 517-657-3013 or cammie.myers@midstatehealthnetwork.org with any questions or issues if they arise.

QI Updates

MMBPIS, Sentinel Events
FY20 Satisfaction Survey Results
FY20 Recovery Assessment Results

Sandy Gettel

Quality Manager

Michigan Mission Based Performance Indicator System (MMBPIS) Standard ≤95%

Access to Treatment

▶ Indicator 2 Initial Assessment within 14 Days of Request for Service *(Discontinued FY20Q2)*

▶ Indicator 2e New Persons Receiving a Face to Face Service for Treatment or Supports within 14 Calendar Days of Non-emergent Request for Service <mark>*(New-FY20Q3)*</mark>

▶ Indicator 3 Start of Service within 14 Days of Assessment *(Discontinued FY20Q2)*

▶ Indicator 4b: Follow-Up within 7 Days of Discharge from a Detox Unit

MMBPIS	FY19Q1	FY19Q2	FY19Q3	FY19Q4	FY20Q1	FY20Q2
Indicator 2 SUD	98.15%	99.34%	98.22%	98.97%	99.13%	98.70%
Indicator 3 SUD	97.92%	98.33%	97.66%	98.05%	98.25%	97.47%
Indicator 4b SUD	95.59%	96.88%	97.14%	97.87%	98.39%	97.83%

# FY20Q2 Percentage of SUD Providers Performing ≤95%

Forty-five organizations were included in the performance Indicators for FY20Q2.
    <u>Indicator 2</u>: Thirty-six organizations met the standard for providing an assessment within 14 days of the request for   service.
    <u>Indicator 3</u>: Thirty-seven organizations met the standard for providing a service within 14 days of the assessment.

Eleven organizations were included in Indicator 4b.
    <u>Indicator 4</u>: Eight organizations ensured a follow up visit was received within 7 days of the discharge from the detox unit.
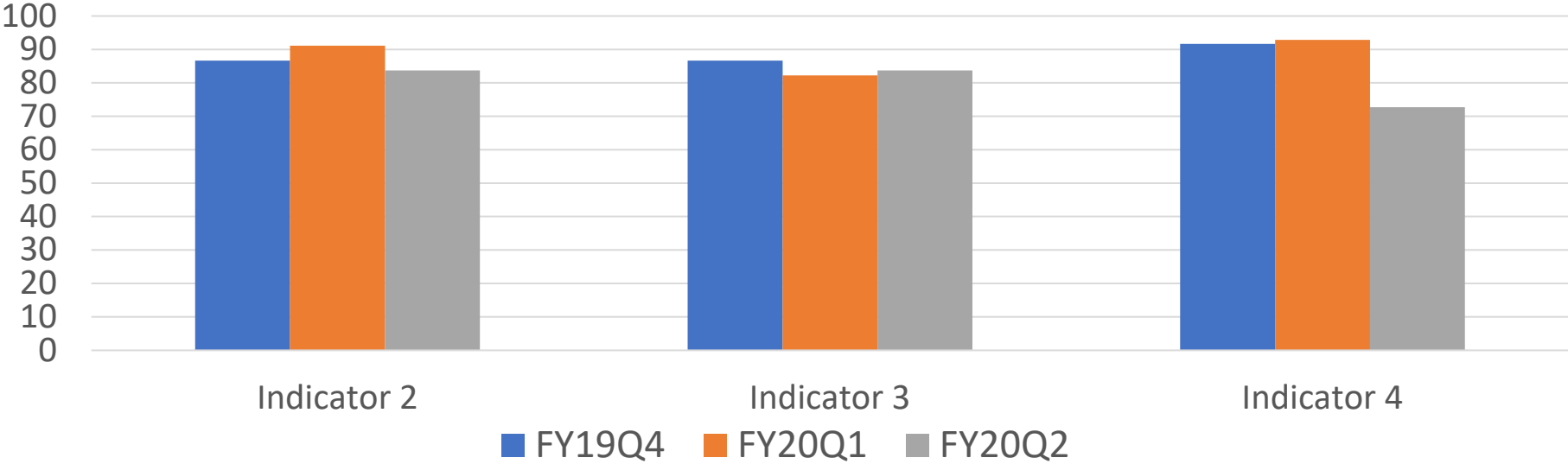
Sentinel Events

New Beginning October 1, 2020

▶ 24 hour Residential and Recovery Housing

▶ Quarterly Report -are required to report the following events with a determination of sentinel or not sentinel.

- Death of recipient
- Serious illness requiring admission to hospital
- Accident resulting in injury to recipient requiring emergency room visit or hospital admission
- Behavioral episode
- Arrests and/or conviction
- Medication error
- Administration of Narcan (new)

Template will be available on Website under required reporting/forms

Recovery Self Assessment-FY2020

For FY2020 the RSA-R Administrator Assessment and the RSA-R Provider Assessment was completed by each CMHSP Participant and SATP.

Each assessment was scored separately for comparison purposes.

The assessments consisted of six (6) separate subcategories that included Inviting, Choice, Involvement, Life Goals, Individually Tailored Services and Diversity of Treatment.

MSHN Comprehensive Score - Subcategory RSA-R Administrator and RSA-R Provider Assessments

	RSA-R Provider Assessment		RSA-R Administrator Assessment	
	2019	2020	2019	2020
Comprehensive Score	4.18	4.27	4.24	4.25
Involvement - Subcategory	3.55	3.70	3.78	3.80
Individually Tailored Services - Subcategory	4.10	4.18	4.26	4.22
Diversity of Treatment - Subcategory	4.17	4.22	4.19	4.20
Life Goals Sub-Category	4.28	4.36	4.34	4.34
Choice - Subcategory	4.47	4.56	4.55	4.56
Inviting - Subcategory	4.46	4.52	4.59	4.67

# MSHN Comprehensive Score for Service Program Type RSA-R Provider and Administrator Assessment

	Provider Assessment				Administrator Assessment			
	2019		2020		2019		2020	
Club House	(n=18)	3.91	(n=20)	4.41	(n=18)	4.16	(n=16)	4.33
Case Management/Supports Coordination	(n=166)	4.19	(n=187)	4.26	(n=85)	4.28	(n=88)	4.25
Intensive Outpatient Therapy	(n=30)	4.28	(n=18)	4.22	(n=27)	4.41	(n=30)	4.43
Outpatient Therapy	(n=215)	4.18	(n=162)	4.21	(n=82)	4.31	(n=78)	4.36
Substance Use Disorder (SUD) Residential	(n=63)	4.13	(n=24)	4.21	(n=27)	4.41	(n=20)	4.57
Assertive Community Treatment (ACT)	(n=23)	4.33	(n=33)	4.24	(n=20)	4.25	(n=21)	4.19
Vocational	(n=25)	4.46	(n=34)	4.48	(n=20)	4.31	(n=14)	4.31
Detox	(n=29)	4.14	(n=9)	4.08	(n=13)	4.29	(n=11)	4.58
Other					(n=27)	4.20		

# RSA-R Service Program Types by Subcategory-Inviting
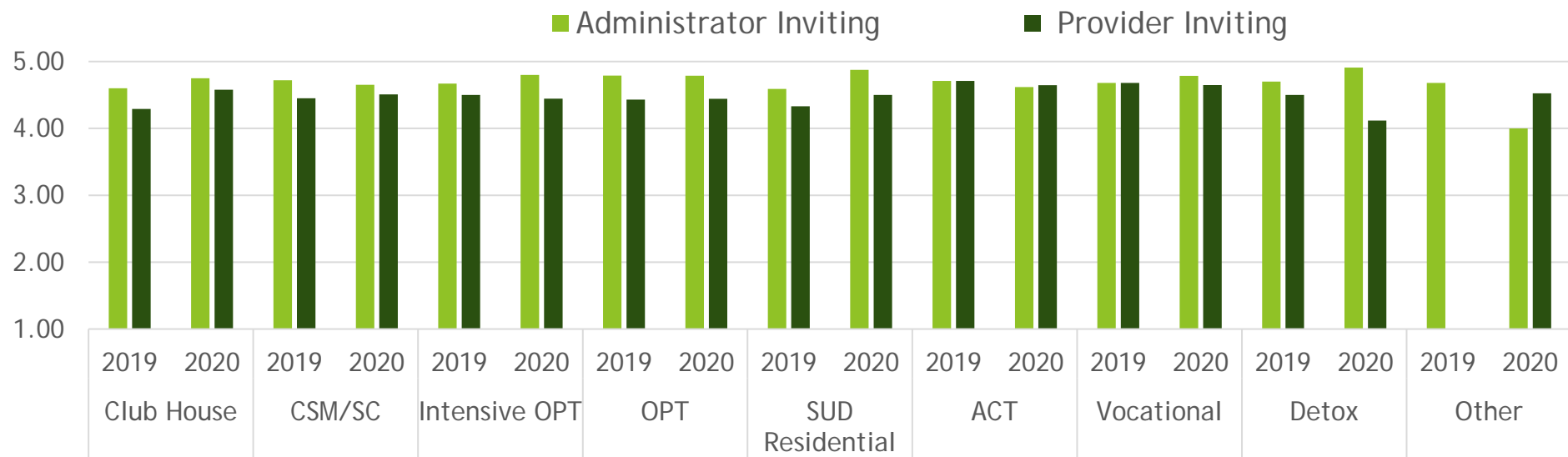
1. Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program.

2. This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting room).

RSA-R Service Program Types by Subcategory-Choice
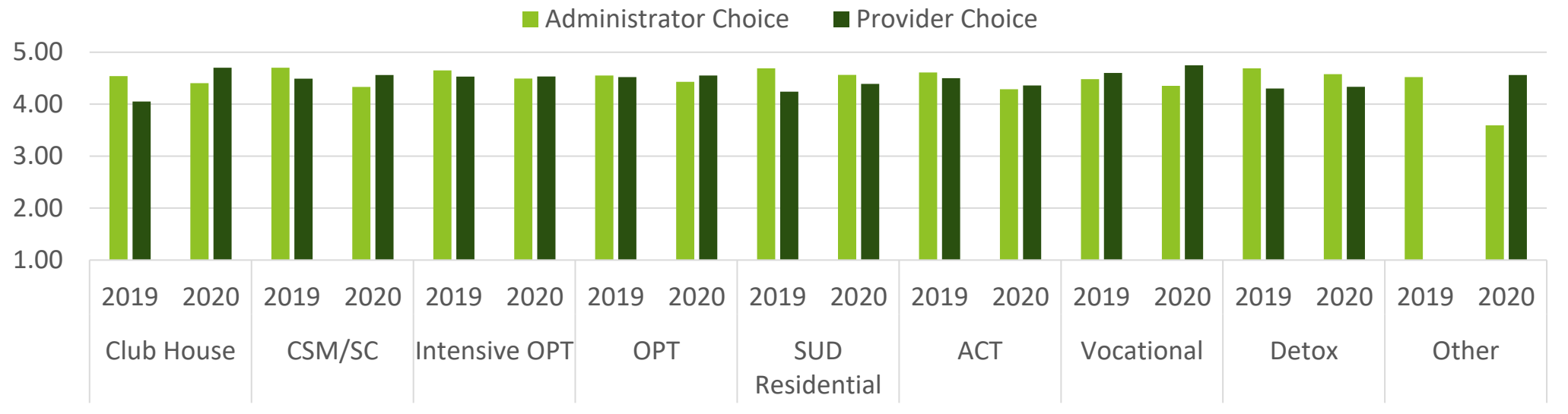
4. Program participants can change their clinician or case manager if they wish.

5. Program participants can easily access their treatment records if they wish.

6. Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.

10. Staff listen to and respect the decisions that program participants make about their treatment and care.

27. Progress made towards an individual's own personal goals is tracked regularly.

RSA-R Service Program Types by Subcategory-Involvement
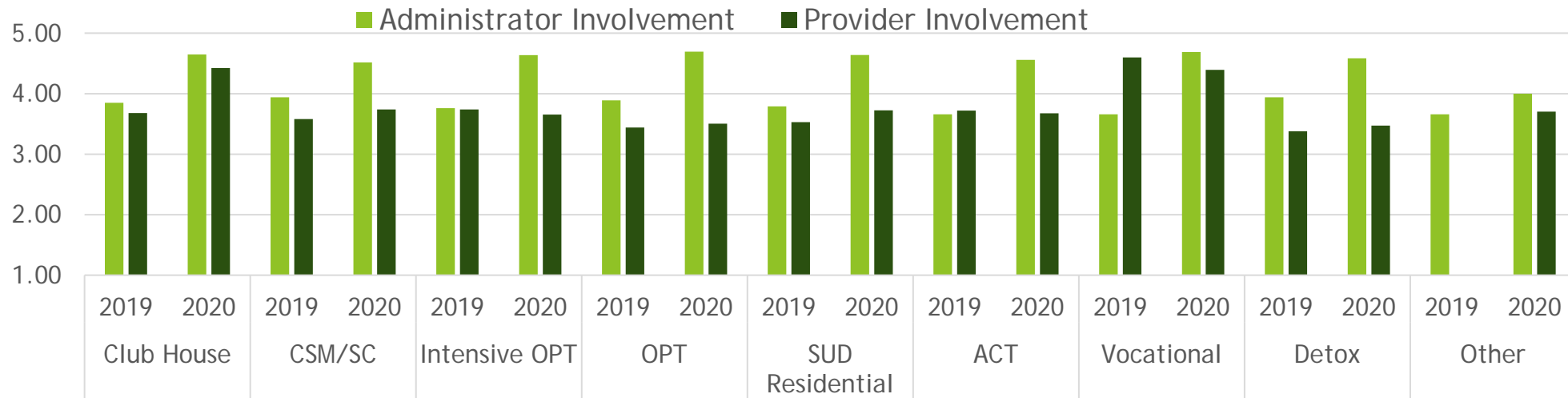
22. Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup).

23. People in recovery are encouraged to help staff with the development of new groups, programs, or services.

24. People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers.

25. People in recovery are encouraged to attend agency advisory boards and management meetings.

29. Persons in recovery are involved with facilitating staff trainings and education at this program.

33. This agency provides formal opportunities for people in recovery, family members, service providers, and administrators to learn about recovery.

34. This agency provides structured educational activities to the community about mental illness and addictions.

RSA-R Service Program Types
by Subcategory-Life Goals
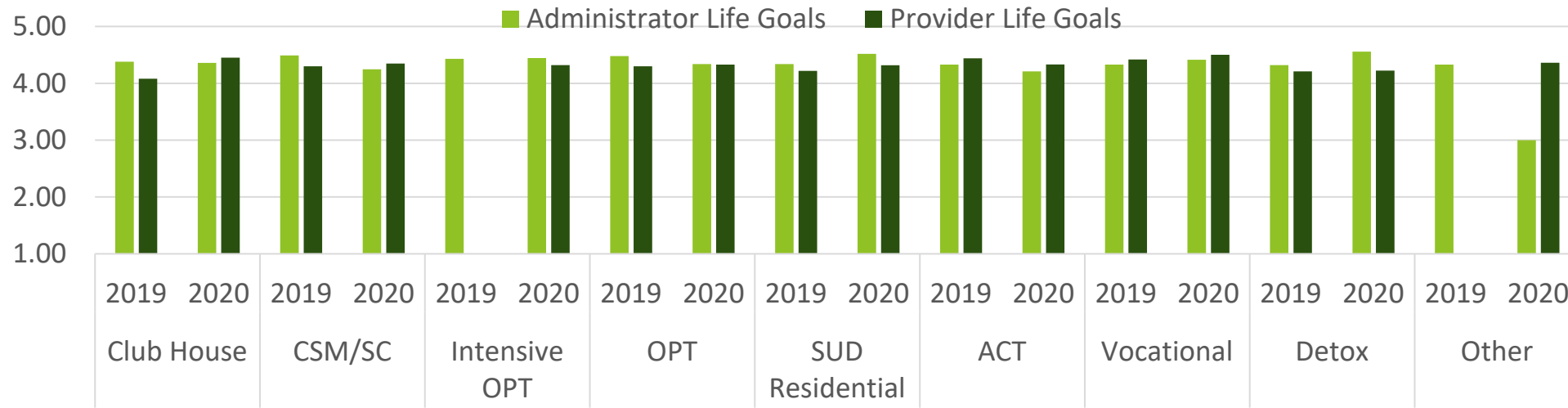
3. Staff encourage program participants to have hope and high expectations for their recovery.

7. Staff believe in the ability of program participants to recover.

8. Staff believe that program participants have the ability to manage their own symptoms.

9. Staff believe that program participants can make their own life choices regarding things such as where to live , when to work, whom to be friends with, etc.

12. Staff encourage program participants to take risks and try new things.

16. Staff help program participants to develop and plan for life goals beyond managing symptoms or staying stable(e.g., employment, education, physical fitness, connecting with family and friends, hobbies).

17. Staff routinely assist program participants with getting jobs.

18. Staff actively help program participants to get involved in non-mental health related activities, such as church groups, adult education, sports, or hobbies.

28. The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.

31. Staff are knowledgeable about special interest groups and activities in the community

RSA-R Service Program Types
# by Subcategory-Individually Tailored Services
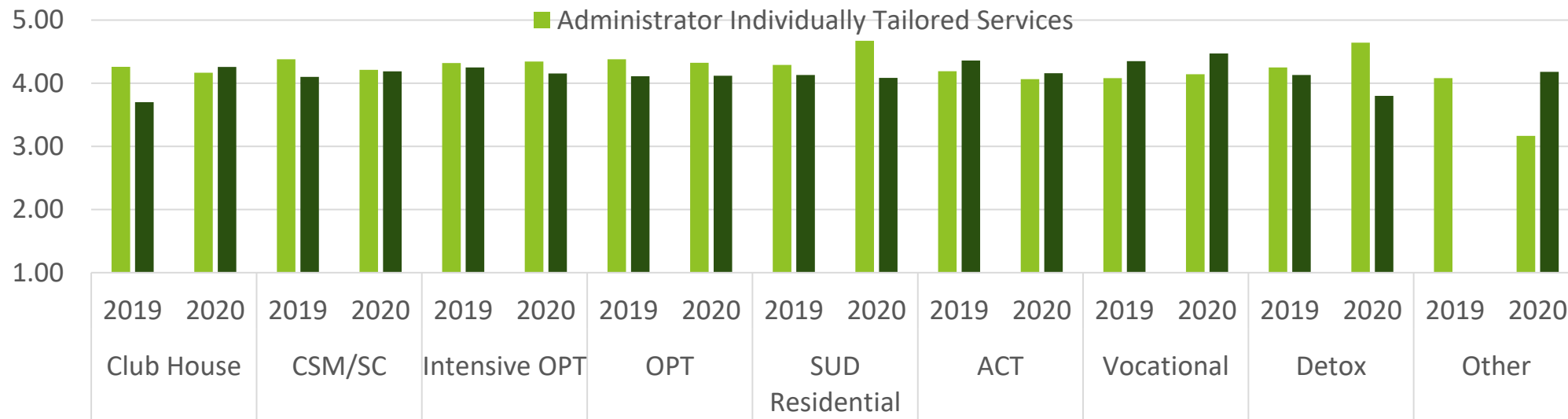
11. Staff regularly ask program participants to take risks and try new things.

13. This program offers specific services that fit each participant's unique culture and life experiences.

19. Staff work hard to help program participants to include people who are important to them in their recovery/treatment planning (such as family, friends, clergy, or an employer).

30. Staff at this program regularly attend trainings on cultural competency.

RSA-R Service Program Types
by Subcategory-Diversity of Treatment
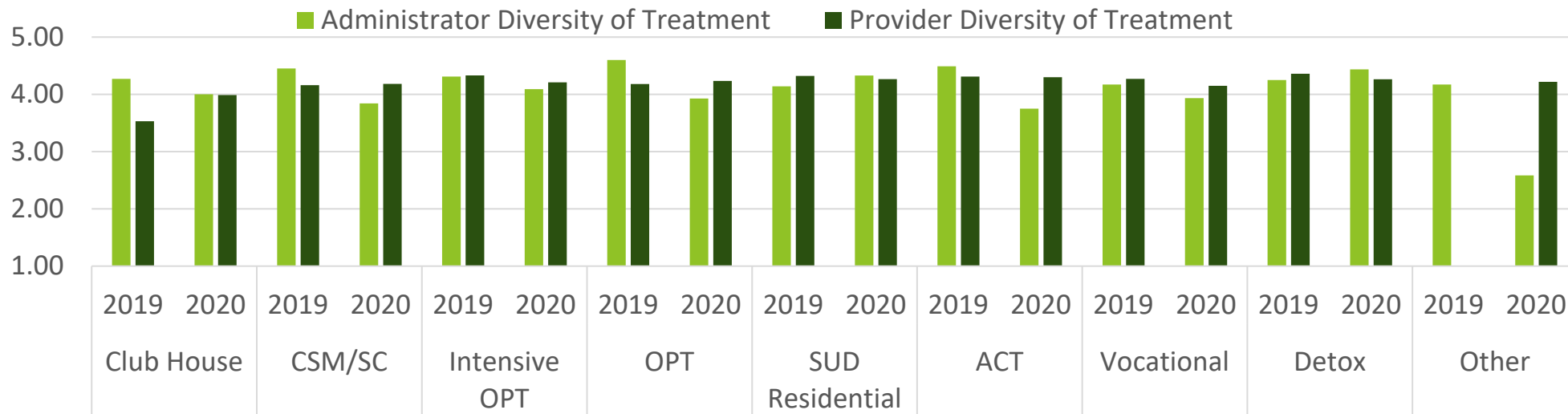
14. Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.

15. Staff offer participants opportunities to discuss their sexual needs and interests when they wish.

20. Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.

21. Staff actively connect program participants with self help, peer support, or consumer advocacy groups and programs.

26. Staff talk with program participants about what it takes to compete or exit the program.

35. This agency provides a variety of treatment options for program participants (e.g., individual, group, peer support, medical , community-based, employment, skill building, employment, etc.).

36. Groups, meetings and other activities are scheduled in the evenings or on weekends so as not to conflict with other recovery-oriented activities such as employment or school.

Growth Areas and Next Steps

MSHN		Administrator		Provider	
22. Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup).	2019	3.78		3.80	
	2020	3.76	Not Met	3.97	Met
FY19 Action Required	2019	3.67		3.23	
23. People in recovery are encouraged to help staff with the development of new groups, programs, or services.	2020	3.64	Not Met	3.47	Met
25. People in recovery are encouraged to attend agency advisory boards and management meetings.	2019	3.73		3.79	
	2020	3.73	Met	3.96	Met
FY19 Action Required	2019	3.06		2.92	
29. Persons in recovery are involved with facilitating staff trainings and education at this program.	2020	3.29	Met	3.14	Met
FY19 Action Required	2019	3.66		3.49	
36. Groups, meetings and other activities are scheduled in the evenings or on weekends so as not to conflict with other recovery-oriented activities such as employment or school.	2020	3.71	Met	3.61	Met

- The results will be reviewed by the MSHN Quality Improvement Council, the SUD Provider Advisory Committee, the Regional Consumer Advisory Council, and the SUD Providers at the Provider Meeting considering the growth areas identified above.
- Areas of improvement will be targeted toward below average scores (based on the regional average of all scores) and priority areas as identified through said committees and councils.
- Each CMHSP Participant and SUD Provider should review the results in all subcategories and identify any of local improvement recommendations/interventions to improve the recovery environment.

REMI Provider Management Module – Reporting/Document Submission/Staff Credentials

Carolyn Watters

Provider Network Manager

REMI Update

Provider Management Module

Carolyn Tiffany

Provider Portal

- Staff Credentials Management (license, certification, NPI)
- Staff Permission Setup (including activation/deactivation of clinician, billing, admin)
- Required Reporting Submission
  - Sentinel Events
  - Women's Specialty Report; Women's Specialty Year End Report
  - Charitable Choice
  - Injecting Drug Users Capacity
  - Priority Populations Waitlist
  - Discharge Report
  - Annual Litigation Report
  - Fraud and Abuse Report
- Other documents, as required
  - Annual Disclosure of Ownership, Controlling Interest and Criminal Convictions

Implementation

- Identify pilot providers
- Training Dates to be Announced
- Training Resources