

POLICIES AND PROCEDURE MANUAL

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| 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: 03.07.2023 | |
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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 reviews.

Procedure

In accordance with the MSHN Monitoring and Oversight Policy, MSHN will review 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 review. The checklist will include at a minimum the following:
 1. List of agency contacts assigned to applicable site review areas
 2. List of Adverse Benefit Determination Notices
 3. Description of Michigan Mission Based Performance Indicator System (MMBPIS) Process
 4. Description of any process changes from most current Mini I-scat on file
 5. Description of Behavior Treatment Review Process
 6. Description of Critical Incident/Sentinel Event Reporting System Submission/Review Process
 7. Documentation that explains the BH-TEDS and Encounter creation process logic
 8. Provider Monitoring Tool
- C. At least fifteen (15) business days prior to the review, MSHN will send the following list of Medicaid cases selected for review:
 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 Waiver programs.

(NOTE: Program charts not reviewed as a result of meeting 95% compliance score will be reviewed at the subsequent full 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).

- D. The review will consist of utilizing the following review tools:
1. Staff Training
 2. Staff Credentialing
 3. Autism Qualifications
 4. CWP/HSW/SED Qualifications Aide level and Professional level
 5. Program Specific Waivers
 6. Program Specific Non-Waivers
 7. Delegated Managed Care Functions
 8. Chart Review
 9. Provider Monitoring Tool
 10. Provider Contract Tool
 11. Adverse Benefit Determination, Grievance and Appeal Review
 12. MMBPIS
 13. BH-TEDS, and Encounters

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

An optional entrance conference will be offered to the CMH. The entrance conference will consist of a review of 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 review 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

ABD: Adverse Benefit Determination

ASD: Autism Spectrum Disorder

BH-TEDS: Behavioral Health Treatment Episode Data Set

BTPRC: Behavioral Treatment Plan Review Committee

CIRS: Critical Incident Reporting System

CMHSP: Community Mental Health Service Program

CWP: Children's Waiver Program

HSW: Habilitation Supports Waiver

SEDW: Severe Emotional Disturbance Waiver

MDHHS: Michigan Department of Health & Human Service
MMBPIS: Michigan Mission-Based Performance Indicator System

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MSHN: Mid-State Health Network

Provider Network: refers to MSHN CMHSP Participants and SUD providers directly under contract with the MSHN PIHP to provide/arrange for behavioral health services and/or supports. Services and supports may be provided through direct operations or through the subcontract arrangements

Other Related Materials

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

MDHHS/PIHP Contract

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 |
| 11.2022 | Biennial Review | Quality Manager |