

Michigan PIHP Reciprocity Workgroup Specialized Residential Provider Monitoring

Basis:

MDHHS, along with its contracted statewide system of 10 regional PIHPs, is interested in promoting system efficiencies at all levels of service delivery and management. It is recognized that any subcontracting service providers connected to more than one regional PIHP system or more than one CMHSP organization, greatly benefit from a statewide reciprocity expectation of MDHHS. PIHP systems benefit from reciprocity policies and procedures that create efficiencies for both the funding organizations and the service providers. Prevention of duplication of effort or unnecessary repetitive use of scarce public resources at all levels of management and operation of provider networks is desired. The PIHP CEO's commissioned a time-limited workgroup to establish a system for which reciprocity could be achieved regarding monitoring activities. This document outlines the system for achieving reciprocity for Specialized Residential providers and will be effective for audits occurring on or after April 1, 2020.

Scope - Specialized Residential Providers as defined by the following:

- Certification of Specialized Programs Offered in AFC Home to Clients with Mental Illness or Developmental Disability (330.1801-330.1809)
- Adult Foster Care Licensing - <https://adultfostercare.apps.lara.state.mi.us/>
- Recipient Rights Requirements

Guiding Sources:

- Personal Care in Licensed Specialized Residential Settings (Medicaid Provider Manual, Section 11)
- Adult Foster Care Small Group Homes (400.14101-400.14601)
- Adult Foster Care Large Group Homes (400.15101-400.15411)
- Adult Foster Care Congregate Facilities (400.2401-400.2475)

PIHP Structure:

Each PIHP manages monitoring activities differently within their region. The responsibility for monitoring is either retained by the PIHP or delegated to the CMHSP, and in some regions, the responsibility may be split with the PIHP and CMHSPs conducting audits. For regions where monitoring activities are delegated, it is important that an intra-regional system be established to support this proposal for state-wide reciprocity.

Minimum Elements/Standards to Meet Reciprocity:

- It is recognized each PIHP/CMHSP may have developed unique tools or technologies for provider performance and compliance oversight and monitoring; however, the workgroup has identified *minimum* expectations of standards to be reviewed based on state and federal standards along with guidance and suggested evidence of compliance including:
 - 1.1 Condition of the home,
 - 2.1 Staff qualifications and training,
 - 3.1 Consumer documentation, and
 - 4.1 Recipient rights.

The agreed upon standards must remain the same and should be reviewed annually by the workgroup for edits. Interpretive guidance has been developed to ensure interrater reliability. See attached *Specialized*

Michigan PIHP Reciprocity Workgroup Specialized Residential Provider Monitoring

Residential Monitoring Standards.

- Given Home and Community Based Standard (HCBS) transition is occurring with attention currently given to assessing heightened scrutiny, out-of-compliance, in-compliance status, HCBS monitoring will be evaluated for inclusion during the annual change management process in preparation for FY21 (note: PIHPs are expected to have a full compliance report completed and submitted to the State in September 2021).
- To reduce variability, the workgroup, as part of the change management process, should consider additional standards identified by PIHP/CMHSPs on an annual basis to determine if they should be applied across the provider system and included for reciprocity.
- Additional performance improvement expectations may be established based upon initiatives set forth by individual PIHP/CMHSPs contracts. Monitoring efforts may be combined with annual on-site audits and should be identified on the PIHP/CMHSP monitoring tools as 'not intended for reciprocity'.
- Historically, monitoring and oversight was primarily focused on the licensing standards for specialized residential homes. While many of the licensing issues can relate to health/safety for the residents, the workgroup recommends reducing the scope of monitoring of licensing standards and focusing on the quality of services received in the home as well as primary issues in the home that may result in a health or safety issues.
 - 1.1 PIHP/CMHSPs shall utilize reviews and reports, including [special investigation reports](#) LARA provides as part of data collection in preparation for reviews to determine if the provider is maintaining correction.
 - 2.1 PIHP/CMHSPs shall report concerns with the home to LARA, as the appropriate entity with oversight of licensing. Complaints can be submitted [online](#) or can be called in at 866-856-0126.
- The Office of Recipient Rights has actively participated in the workgroup and supports reciprocity. ORR has provided a set of standards that can be used for reciprocity. ORR stipulates the corrective action must occur and does not require every CMHSP to complete a corrective action plan and follow-up, as long as the responsible CMHSP ensures corrective action has occurred. **Therefore, it is critical for the responsible CMHSP to ensure corrective action and make reports/documentation available via GroupSite for other CMHSPs to access, otherwise, any CMHSP may be responsible.**
- The workgroup has grappled with the difference in the breadth of monitoring and oversight, particularly around the applicability of LARA licensing standards. We've attempted to balance the need to reduce unnecessary duplication of efforts with the obligation to ensure individuals served are in a safe environment. With that, there continues to be concerns with finding such balance, particularly because licensing reviews occur biennially. The following options are offered for consideration:
 - 1) Utilize most recent LARA licensing reports to determine the level of oversight for the review. If the LARA review occurred within the prior 12 months, licensing standards may be eliminated. If a plan of correction was established by LARA, the auditor should inquire with the Provider on the status of implementation and seek evidence of sustained compliance.
 - 2) Eliminate any standard where LARA licensing is the source of the standard.
 - 3) Coordinate CMHSP/PIHP reviews in accordance with licensing reviews. For example:

**Michigan PIHP Reciprocity Workgroup
Specialized Residential Provider Monitoring**

Year 1	Year 2	Year 3
<ul style="list-style-type: none"> LARA Conducts Review CMHSP/PIHP conducts Recipient Rights only 	<ul style="list-style-type: none"> CMHSP/PIHP conducts full review (including licensing standards) 	<ul style="list-style-type: none"> LARA Conducts CMSHP/PIHP conducts Recipient Rights only

Representatives from each region indicated the following option as being preferred:

Region	Option 1	Option 2	Option 3	No Recommendation
NorthCare	X			
NMRE	X			
LSRE	X			
SWMHB	X		X	
MSHN			X	
CMHSPSM			X	
Detroit Wayne			X	
Oakland	x			
Macomb				X
Region 10	x			
Provider (MALA)			X	

CEO DECISION POINT: CEOs support Option 1 - Utilize most recent LARA licensing reports to determine the level of oversight for the review.

Assigning Responsibility:

- Each PIHP/CMHSP remains responsible for monitoring homes which fall within its regional borders on an annual basis and ensures intra-regional efforts are achieved.
- If the PIHP/CMHSP doesn't have a contract with a home, whichever CMHSP is needing a Site Review should conduct the review.

Address Privacy When conducting Chart Reviews:

- The responsible PIHP/CMHSP will select a sample of its consumers for the chart review, per the reviewing PIHP/CMHSP policy. The sample will only include that PIHP/CMHSPs clients. PIHP/CMHSPs agree that chart documentation reviewed is representative of the providers compliance with the standards and therefore the sample will not need to include consumers from all payors. If a PIHP/CMHSP has significant concerns about a case, they may contact the responsible PIHP/CMHS and request this case be added to the sample or accompany the responsible PIHP/CMHSP.

CEO DECISION POINT: In order to ensure PHI, the responsible CMHSP/PIHP shall only review their respective client files. **NOTE:** Macomb is initiating dialogue with their legal representatives to address this issue.

Michigan PIHP Reciprocity Workgroup Specialized Residential Provider Monitoring

Schedule:

- PIHP's/CMHSP's are responsible for establishing an annual schedule of monitoring activities along with contact information for lead auditors/quality assurance staff annually by October 31st and posted on GroupSite using *Exhibit A – Annual Monitoring Responsibility*.

Sharing Reports:

- GroupSite shall be used to promote the sharing of documents between PIHPs, CMHSPs, ORR, and LARA. This site also has a calendar function for sharing the schedule of audits. PIHP's/CMHSP's are responsible for making final reports and corrective action plans available to other PIHP's through GroupSite. Each PIHP/CMHSP responsible for conducting the review will be responsible for sharing all relevant communiques including a letter of compliance, request for corrective action, and other follow-up communiques.

Ongoing Maintenance of System:

- For the purposes of ensuring the system operates effectively, the PIHPs/CMHSPs will designate a sole point of contact responsible for ensuring documentation of monitoring activities are shared, including but not limited to, annual review of the process.
- It is recommended the workgroup meet no less than quarterly to ensure successful implementation of this proposal and ensure state-wide collaboration and support of reciprocity.
- Annually, the workgroup shall review minimum expectations for monitoring and attest to implementing the standards into monitoring activities, and ensure the annual schedule is developed. This should be considered a transition year with the understanding timeliness of the annual review may not meet all CMHSP/PIHPs requirements; however, this should not be an issue in the future.

Adherence to the Process:

- Each PIHP shall identify a lead to monitor regional compliance with the process. If it is found the responsible PIHP/CMHSP does not comply with process, the following progressive actions should occur:
 - 1.1 Follow-up with responsible CMHSP and/or CMSHP's Recipient Rights Office (relative to RR elements)
 - 2.1 Follow-up with PIHP workgroup lead participant
 - 3.1 Follow-up with PIHP CEO
- Routine status reports will be submitted to the PIHP CEOs .

Participants:

While participation changed overtime, the most recent list if participants included:

Region 1 Northcare	Karena Grasso, Northcare	JoAnn Pratt, HBHCMH	Jeanne Lippens, Pathway
	Ashlee Kind, Northcare		
Region 2 NMRE	Mary Dumas, NMRE	Chris VanWagoner	
Region 3 LSRE	Kristi Drooger, LSRE	Melanie Misiuk, LSRE	Kathy Curtis-Newell
Region 4 SWMBH	Moira Kean, SWMBH	Mila Todd, SWMBH	
Region 5 MSHN	Carolyn Watters, MSHN	Karen Bressette, CMHCM	Tonya Lawrence, CMHCM
Region 6 CMHPSM	Beth Didario, Monroe CMH		
Region 7 DWMHA	Danielle Dobija, DWMHA	Starlit Smith, DWMHA	Shakira Pride, DWMHA
Region 8 Oakland	David Hornibrook, Oakland	Marquitta Massey, Oakland	Charlotte Rowe, Oakland
Region 9 Macomb	Cristina Mozella, MCCMH	Agnes Ward, MCCMH	Laura Duncan, MCCMH
Region 10	Krisna Evenson, Region 10	Kristen Potthoff, Region 10	Tammy Taylor-Schmidt, Region 10
Provider	Delissa Payne, Spectrum Comm.	Tracey Hamlet, MOKA	Robert Stein, MALA
	Kathy Swantek, Blue Water	Lori Duzan, Hope Network	David Schmitz, Beacon Spec.
State Of Michigan	Cindy Shadeck, ORR	Jay Calewarts, LARA	Dawn Timm, LARA

The Process – High Level

PIHP/CMHSP designees submit annual review schedule (Attachment A), including point of contact, to GroupSite by October 31st. PIHP/CMHSP designee is responsible for maintaining current and accurate information.

A single full review (including home standards, recipient rights and chart documentation) is conducted by responsible PIHP/CMHSP for all providers within respective region.

Responsible PIHP/CMHSP ensures **Final report** and relevant communiques (letter of compliance or request for corrective action) are made available on GroupSite within 5 business days of completion. Suspected licensing violations are reported to LARA.

Responsible PIHP/CMHSP monitors for **timely implementation of corrective action** and documents completion or further necessary corrective action up to sanctioning; relevant communiques are made available on GroupSite.

Notice of **completed corrective action/close-out of audit** will be made available on GroupSite within 10 business days of completion of the corrective action plan (i.e. once approved by CMH/PIHP).