

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	CMHSP Participant Monitoring & Oversight Procedure		
Policy: <input type="checkbox"/> Procedure: <input checked="" type="checkbox"/> Version: 1.0 Page: 1 of 3	Review Cycle: Annually Author: Chief Compliance Officer, Quality Improvement Council	Adopted Date: 5.18.15 Review Date: 03.2018 Revision Eff. Date:	Related Policies: Monitoring & Oversight Policy

DO NOT WRITE IN SHADED AREA ABOVE

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 45 days prior to the site review, MSHN will develop a list of Medicaid Active Cases by CMHSP to determine appropriate sample to sufficiently cover all applicable areas of the review. The random sample will be developed through a selection of charts to fulfill the identified areas in item D below.
- C. 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:

Note: Some items MSHN may have already obtained through the desk audit, therefore CMHSP may attest to no changes in the process by checking the appropriate box

1. List of agency contacts assigned to applicable site review areas
 2. List of terminated contracts (direct service only)
 3. List of current contracts grouped by contract type (e.g. Hospital, Independent, Residential)
 4. Grievance and Appeal Log
 5. Description of Performance Indicator Process
 6. Description of any process changes from most current Mini I-scat on file
 7. Description of Behavior Treatment Review Process
 8. Description of Critical Incident Submission Process
 9. Documentation that explains the QI and Encounter creation process logic (*see sample document on box*)
 10. Provider Monitoring Tool
- D. 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. Performance Indicator Selection: 5% of Performance Indicators (min.2-max.8) *Note:* Selection must include a review of all indicators, however one record may be applicable for more than one indicator.

2. Behavior Treatment Selection: 5% of BTRP (min.2–max.8)
3. Critical Incidents Selection: 5% of Critical Incidents (min.2-max.8)
4. Grievance & Appeal Selection: 5% of Grievance & Appeal (min.2-max.8)
5. CMHSP Contract Monitoring Selection: 5% of Contract (min.2-max.8)
6. Quality Indicator Selection: 10 Consumers (5 DD and 5 MI) from the QI File
7. Encounter Selection: 6 Professional and 4 Institutional records from the Encounters submitted
8. Chart Review: Selection based on charts selected above. Additional charts may be selected to ensure a sufficient sample of all 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 involved in Medicaid Cases selected for review
2. Credentialing: Review of provider credentialing requirements
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. CMHSP Corrective Action Plan Review: MSHN Desk Audit, MDHHS HSW, MDHHS Autism, 95% compliance standards, Wraparound, Michigan Mission-Based Performance Indicator System (MMBPIS)

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

An 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

MDHHS: Michigan Department of Health & Human Service

MMBPIS: Michigan Mission-Based Performance Indicator System

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

Identify Other Tools

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 Concurrent 1915(b)(c) Waiver 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