



Provider Forum

October 13, 2015

1:00 PM

Agenda

Welcome and Updates
(10 minutes)

Beth Lackey
Provider Network Director

Home and Community Based Assessment
(15 minutes)

Doug Gallion
IDD Clinical Director

Provider Monitoring Tools
(15 minutes)

Larry Holcombe
Provider Network Manager

Opioid Summit Survey
(10 minutes)

Janet Noblett
Training Coordinator

Coastal Southeastern United Care/ACTT
(30 minutes)

Jhonathan Strickland
ACTT Program Director

Provider Council
(15 minutes)

Margaret Mason
Provider Council Chair

Closing

Beth Lackey

An Update on Routine Provider Monitoring: Reviewer Reliability

NC Health Information Management Association Behavioral Health Conference

Alison Rieber, LCSW

Provider Network Evaluator Supervisor, Alliance Behavioral Healthcare

Representing the
DHHS-LME/MCO Provider Collaboration Workgroup

June 10, 2015

North Carolina Provider Monitoring Process

- Goal: To promote North Carolina's commitment to ensuring high quality services for individuals with mental health, intellectual/developmental disabilities, and substance abuse issues. (DMH/DD/SAS website, Provider Monitoring Page)
- The Monitoring Process was revised in 2014 and includes (or will include):
 - Entry into the Provider Network
 - Evaluation of Service Providers Against Quantitative and Qualitative Measures
 - Determining Advance Placement

DHHS-LME/MCO-Provider Collaboration Workgroup

- DHHS

- Division of Health Service Regulation (DHSR)

- Division of Medical Assistance (DMA)

- Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS)

DHHS-LME/MCO-Provider Collaboration Workgroup

- Stakeholder Groups

- NC Council of Community Programs

- LME/MCOs

- Business Practices Subcommittee of the LME-MCO & Provider Standardization Committee

- Benchmarks

- NC Providers Council (NCPC)

- Professional Association Council (PAC)

DHHS-LME/MCO-Provider Collaboration Workgroup

Professional Association Council	(PAC)
<ul style="list-style-type: none">Addiction Professionals of NC	<ul style="list-style-type: none">NC Counseling Association
<ul style="list-style-type: none">Licensed Professional Counselors of NC	<ul style="list-style-type: none">NC Nurses Association
<ul style="list-style-type: none">National Association of Social Workers – NC Chapter	<ul style="list-style-type: none">NC Psychiatric Association
<ul style="list-style-type: none">NC Association for Marriage and Family Therapy	<ul style="list-style-type: none">NC Psychological Association
	<ul style="list-style-type: none">NC Society for Clinical Social Work

Overview of Current Monitoring Tools/Process

■ Site Reviews

- These site reviews are done when the provider is credentialed for a new site/service or when the program moves to a new site. Exception: when site is licensed by DHSR.
 - Health, Safety, Compliance Tool (Agencies)
 - LIP Office Site Review Tool (Licensed Independent Practitioners)
- Unlicensed AFL Review
 - This review is done for:
 - New unlicensed AFLs
 - Annually thereafter for unlicensed AFLs under the Innovations Waiver
 - Every 2 years for unlicensed AFLs not under the Innovations Waiver

Overview of Current Monitoring Tools/Process

Routine Monitoring

- Occurs on a 2 year cycle.
- Reviews both Medicaid-funded and State-funded services.
- Includes a Routine Review and a Post-payment Review.
 - May be done together or separately.
 - The Routine Review for Agencies is used to monitor unlicensed services and services licensed under GS §122C that are not surveyed by DHSR-MHL on an annual basis.

Overview of Current Monitoring Tools/Process

Routine Monitoring

- Two sets of Tools for two types of Practitioners
 - Licensed Independent Practitioner Review Tools -Used with solo, group or agency practices which provide only outpatient behavioral services as defined in Clinical Coverage Policy 8C
 - Agency Review Tools - Used with providers of enhanced, residential, Innovations, other state-funded services, and outpatient behavioral services.
- Services not currently monitored by Routine Review
 - Inpatient, Therapeutic Foster Care, ICF-IDD

Increasing Consistency and Reviewer Reliability

- Providers want to ensure that reviews are consistent across MCOs.
 - Same Process
 - Predictable interpretations
 - For each item, reviewers are interpreting the question in the same way.
 - If the evidence is the same, scoring is the same

Reviewer Reliability Work Group

- Focused on predictable interpretations and consistency across tools.
- The monitoring process has not changed.
 - Monitoring procedures, including notification time frames, selection of the review period, remain the same.
 - Sampling, including sample size, selection and time frame, is done the same way.

Reviewer Reliability Work Group

- Predictable Interpretation starts with the Tools and the Guidelines
 - What question are we asking?
 - What is required by rule, statute, Clinical Coverage Policy, etc.
 - What elements are we looking for?
 - Is the information from the questions above clearly communicated in the guidelines.
- Goal was not to change but to clarify the tools. In the course of doing this, some changes were made. Streamlining of the tools, achieved in the NC Provider Monitoring process, was maintained.

Reviewer Reliability Work Group Process

- Who: DHHS-LME/MCO- Provider sub-work group with representatives from DHHS, Providers, each LME/MCO.
- What: Went through each tool, item by item and discussed. In areas which required more work, created sub-work groups which reported back. Reviewed tools to ensure that items were similar, where appropriate across tools and had the same highest level of action.
- Where: Weekly telephone conferences

Reviewer Reliability Work Group Process

- DHHS staff revised guidelines in accordance with work group agreements
 - Revised guidelines were reviewed by work group
 - Final revised guidelines were sent to the DHHS-LME/MCO Provider Collaboration Workgroup for comment
 - Final revised guidelines were approved by the DHHS-LME/MCO Provider Collaboration Workgroup
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- Next steps:
 - DHHS is developing the updates to the tools in accordance with the revised guidelines and will be publishing the updates

What Changed – In General

- Questions were aligned so that providers are monitored on the same items, when applicable.
 - Routine Tools:
 - Items that apply to both agencies and LIPs are aligned. For example, Rights and Releases of Information questions.
 - Post Payment Review Tools:
 - Items are aligned across all Post Payment Reviews tools, when applicable.
 - Highest level of Action (Payback, POC or Education) was clarified with DMA and aligned across tools.

What Changed - In General

- Revised questions and/or wording for clarity.
- Expanded and clarified guidelines to support reviewer reliability in accordance with rules, regulations, and Clinical Coverage Policies.
- In some cases, the order of the questions was changed to improved the flow when monitoring.

What Changed - Specifically

- The biggest change is to the site tools. The Health, Safety and Compliance Tool for agencies and the LIP Office Site Review Tool were replaced with one tool, the New Unlicensed Site Review Tool.
- Unlicensed AFL Review Tool:
 - Reviewed the tool and requirements with Subject Matter Experts in DMA.
 - Removed the Staff Training Questions

What Changed – Site Tools

- There is only one site tool, the New Unlicensed Site Review Tool, which will be used when any unlicensed site is added or moves to a new physical address. The same tool is used for both agencies and LIPs.
- The rationale is that all providers should have the same items monitored for new services and addition of a new site.
- Each item on the tool was reviewed and checked against one or more the of following requirements: Federal Regulations, General Statute and North Carolina Administrative Code, APSM 45-2 and HIPAA and DMA-MCO-Provider Contracts.

What Changed – The new site tool questions

- All hallways, doorways, entrances, ramps, steps and corridors shall be kept clear and unobstructed at all times, and adequate lighting and seating are provided.
- Office location is accessible for individuals who have physical disabilities. Location is wheelchair accessible.
- Office location complies with HIPAA/Confidentiality requirements by ensuring privacy.
- Staff receive training in confidentiality of member information.
- Rights are posted on common area walls, including how to contact NC state offices and Disability Rights NC.
- Office hours are posted and communicated to individuals served by the provider to include 24-hour coverage and after hours and/or emergency services contact information.
- Providers meet the service availability requirements for urgent services within 48 hours.

What Changed Specifically - LIP Tools

- Clarified the sample size for review:
 - 30 for group practices/agencies
 - 10 for solo practices
- Post Payment Review Tool
 - Consent for Treatment guidelines changed to align with NC Administrative Code and the guidelines for the agency tools.
 - Question “Is there an appropriate service plan which identifies the type of service billed?” replaced with the question “Is the service plan individualized?”
 - Coordination of Care question removed as it is asked on the Routine Tool.

What Changed Specifically – Agency Routine Monitoring Tool

- Property and Management of Funds questions removed
 - The regulations regarding these questions applied only to 24 hour facilities, which in the context of this tool, meant that these questions applied only to unlicensed AFLs.
- Medication Review Questions
 - The question regarding medication education was removed.

What Changed Specifically - Agency Post Payment Review Tools

- Day Treatment Post Payment Review Tool removed. Day Treatment is now scored with the Generic Post Payment Review Tool
- Questions formerly listed as optional are now required.
- Consent for Treatment included on each post payment review tool and guidelines changed to align with NC Administrative Code across all tools.
- The question “Is the service plan individualized?” added.
- Clarified that both a criminal record check and the disclosure of criminal record is required.
- Confirmed with DMA that the highest action regarding criminal records checks, disclosure and HCPR checks should be a POC and tools changed accordingly.

What Changed Specifically – Post Payment Review Tools

- Innovations Post Payment
 - Question regarding a valid treatment plan changed to focus on valid Short Range Goals.
- Residential Treatment Post Payment
 - Question added “Is there documentation by the Qualified Professional for the provision of administrative and clinical services at the required minimum?”
- PRTF Post Payment
 - Question added for out-of-state PRTFs “Is there evidence of 24-hour on-site coverage by a registered nurse?”

What Changed: Staff Qualifications Worksheets

- Staff qualifications worksheets for services with the same requirements have been combined.
- The first 18 questions (Generic Guidelines) apply to all services.
- Service specific sections for each service with specific requirements have been developed. The service specific sections follow the generic section and are numbered consecutively starting with number 19.
- Guidelines for each question on the staff qualifications worksheets, including the service specific sections, have been developed. Guidelines include relevant citations and scoring criteria.

Internal Quality Assurance

- The tools can be used to conduct periodic self-assessments to identify and remediate compliance issue.
- We recommend that providers implement a system for routinely monitoring staff knowledge of and compliance with the requirements for service provision and documentation.
- The guidelines contain relevant citations. When requirements change make sure that all staff are informed of the change. Make sure that procedures and requirements are being instituted promptly and consistently as of the effective date of the policy change.

Be Audit Ready

- Remember: It's Open Book
- Tool revisions, updates, or new material are posted on the Provider Monitoring web page.
 - <http://www.ncdhhs.gov/MHDDSAS/providers/providermonitoring/index.htm>
- For more tips on being audit ready, see the presentation “Organizing and Preparing for the Review”
<http://www.ncdhhs.gov/MHDDSAS/providers/providermonitoring/webinars.htm>

Questions/Feedback

- Please send any questions or concerns about the Provider Monitoring Tools or process to the following mailbox:
 - provider.monitoring@dhhs.nc.gov
- Identifying the nature of your question or feedback in the subject line facilitates the processing of your e-mail.