Division of Prevention and Behavioral Health Services
Quality Improvement Unit Monitoring Overview

- Why does DPBHS monitor providers?
  - To be in compliance with
    - DSCYF Policy 105 "Bids and Contracts"
    - DPBHS Policy PI 003 "Provider Monitoring and Evaluation"
    - Medicaid Standards and the State Plan
    - CARF accreditation requirements

AND

to assure that quality services are being provided to all children and families we serve who are receiving direct services for mental health and substance abuse.

In this presentation we will review

- Notification of Upcoming Monitoring
- The Monitoring Process
  - Clinical Chart Reviews
  - Supervision
  - Incident/Safety Reports
  - Clinical Deliverables
  - Environment of Care
  - Billing Audits
- The Monitoring Report
- Provider Response
  - Performance Improvement Plans (PIPS)
  - Corrective Action Plans (CAPS)
- Follow Up Visits

Notification of Upcoming Monitoring

- Two weeks prior to the visit, the agency will be notified via email that a visit is pending.
- Those notified include, but are not limited to:
  - Head of agency
  - Program Director
  - Clinical Director

Notification of Upcoming Monitoring

- The notification will include:
  - Dates of the monitoring visit
  - Items that need to be available for review
  - Contact information should you have questions or concerns
  - A request that you identify a liaison for the monitoring visit

The Monitoring Process

- On the day of your monitoring visit PBHS staff will:
  - Arrive on site as scheduled and request to meet with the person you identified as the liaison.
  - Expect you to have available all of the requested materials.
    - Typically, this includes a random 10% sample of client charts who were active during the previous fiscal year
  - Conduct an entrance interview
    - The entrance interview will be to gather information about how the program is doing

The Monitoring Process

- Areas Reviewed
  - Section 1: Clinical Chart Reviews
  - Section 2: Supervision
  - Section 3: Incident/Safety Reports
  - Section 4: Clinical Deliverables
  - Section 5: Environment of Care
  - Section 6: Billing Audits

Section 1: Clinical Chart Reviews

- In this section we are reviewing clinical charts for compliance with standards established in your contract.
- Clinical chart reviews will be conducted by licensed mental health professionals

Section 1: Clinical Chart Reviews

- Clinical Chart's are reviewed for appropriate content utilizing standards from:
  - the Provider Manual
  - Recovery Audit Contractors (auditors paid to perform recovery audits of Medicare and Medicaid)
  - Payment Error Rate Measurement (auditors paid to perform error audits for Medicare and Medicaid)

Section 2: Supervision

- In this section we are verifying that you have documentation to support the requirement that staff providing direct clinical services are receiving the required amount of supervision.

Section 2: Supervision

- Per the Provider Manual, Section 7 "Consumer Safety and Outcome", agency's are required to have:
  - Case specific supervision notes indicating that the supervisor and the supervisee have discussed the case periodically and decided on a course of action to be taken. Where supervisory recommendations have been made, there should be documentation that the recommended actions have been taken. (This follow-up documentation may be in the form of a modified treatment plan, progress note or supervisory note.)
  - Unlicensed clinical staff providing direct treatment services must document, at minimum, one hour per week of individual supervision. Licensed clinical staff providing direct treatment services must document, at minimum, one hour of individual supervision per month.
  - A log of the dates and times of supervision provided to each staff.

Section 2: Supervision

- We often use the term "licensed staff" without defining what we mean. A licensed practitioner of the healing arts is an individual who is licensed in the State of Delaware to diagnose and treat behavioral health and/or substance abuse issues acting within the scope of all applicable state laws and their professional licenses. Thus, we are referring to:
  - Those licensed by the Delaware Division of Professional Regulation
  - This would include
    - Licensed psychologists
    - Licensed Clinical Social Workers (LCSWs)
    - Licensed Professional Counselors (LPCMHs)
    - Licensed Marriage and Family Therapists (LMFTs)
    - Licensed Chemical Dependency Professionals (LCDP)
    - Advanced Practice Registered Nurses (must be a nurse practitioner specialist in Adult Psychiatric & Mental Health, and Family Psychiatric & Mental Health, or a Certified Nurse Specialist in Psychosocial, Gerontological Psychiatric Mental Health, Adult Psychiatric and Mental Health, or Child-Adolescent Mental Health and practice within the APRN's scope of practice)
    - Physician

Section 2: Supervision

Supervision items needed:

- List of clinical staff including credentials, title and name of supervisor
- A supervision record of each staff which includes the date and length of supervision, topic of discussion, and supervisor's signature

  *Unlicensed staff must receive one hour of supervision weekly

  *Licensed staff must receive on hour of supervision monthly

Section 3: Incident/Safety Reports

- Per DSCYF Policy 212, "Service Provider Reportable Events" & DPBHS Policy PI002 "Client Incident Reporting Policy", there is a list of events that must be reported by DSCYF service providers. More information may also be found within the Operating Guidelines which is part of the Provider Contract.
- In this section we review the timeliness of your incident reporting submission, and the quality and accuracy of the information submitted in the incident reports submitted.

Section 3: Incident/Safety Reports

- Prior to the on-site visit, data is gathered from DPBHS's tracking system to detail the timeliness of reports received
  - The number of reports received within the 72 hour time frame will be divided by the number of reports received, this is your percent compliance
- Clinical Service Team notification compliance data is also gathered and reviewed
- Typically 10% of reports received are reviewed for quality of reporting

Please note:

We do provide training on how to properly complete the Reportable Event Summary, please contact Delilah Greer if you would like to schedule a training.

Section 4: Clinical Deliverables

- Deliverable reporting standards are specified in the DPBHS Provider Manual and the DSCYF Operating Guidelines.
- Prior to the on-site visit, data is gathered from DPBHS's tracking system to determine if deliverables have been submitted in a timely fashion.
  - This area will review applicable deliverables and if they were received in the appropriate timeframe to determine an overall compliance rating.

Section 5: Environment of Care

- In this section we review, when applicable, your most recent accreditation, licensing and, any other applicable reports.
- This is the only section that does not receive a "Compliance Rating"
- Please note that per your contract you are required to notify DPBHS of any "status change":

  Notification of Status Change. The CONTRACTOR shall immediately notify the DEPARTMENT in writing of any change in the status of any accreditations, regulations, professional, program or other licenses or certifications in any jurisdiction in which they provide services or conduct business. If this change in status is the result of the CONTRACTOR's accreditation, licensure, or certification being suspended, revoked, or otherwise impaired in any jurisdiction, the CONTRACTOR understands that such change may be grounds for termination of the Contract.

Section 5: Environment of Care

- Items needed
  - Most recent report of survey review by accrediting organization, licensing body, and/or other regulatory body.
  - Your agency's response to accreditation, licensure, or other regulatory body's report.
- We will review
  - That regulatory body's rating or status assigned to the agency
  - Dates of report and length of accreditation, license, etc
  - Recommendations made
  - How recommendations were addressed by the Provider

Section 6: Billing Audits

- In this section we review what you have submitted for payment against the written documentation in the client charts.
- This section requires a Corrective Action Plan for any rating below 100%.

Section 6: Billing Audit

- Prior to the visit billing data is gathered from DPBHS's tracking system
- Items needed
  - Client charts (typically the same client charts used during the clinical chart review)
- Progress notes must match billing data this includes
  - Length of service
  - Type of service
  - Dates of service

Section 6: Billing Audit

- Non compliant claims may include:
  - No documentation
  - Insufficient documentation
  - Medically unnecessary services
  - Incorrect Coding
  - Other

  While on site, if we cannot find the documentation we seek, we will ask the liaison for assistance.

  *Please note that documentation must be physically present in the chart. The Provider Manual and Industry standard require documentation to be in the chart within 24 hours of the service provided.

Section 6: Billing Audit

- What to expect if billing errors are found:
  - Without proper documentation, a claim cannot be verified; as a result, the money paid for that claim must be returned to DPBHS.
  - After the findings are reviewed by our Division Director, you will receive a letter outlining the findings, repayment due, and repayment options.

Exit Interview

- At the conclusion of the monitoring visit a very brief synopsis of findings will be shared. More detail will be provided in a formal report after we analyze the data and findings.

The Monitoring Report

- Following your monitoring visit you will receive a formal monitoring report.
- This report will include all the information gathered during your monitoring visit.
  - This will include strengths as well as recommendations for areas that need improvement

The Monitoring Report

- Report Format:
  - Entrance Interview
  - Each specific area addressed will be listed with data found, strengths identified, and recommendations.
  - The conclusion of the report will again review areas that require a PIP or CAP and provide information on how to respond.

The Monitoring Report

Rating Scale- A rating will be given to each monitored area based on the scale below.

Performance Rating	Action Requirements
90%-100% - Fully Compliance	None
75% - 89% - Substantial Compliance	Performance Improvement Plan Required
50% - 74% - Average Compliance	Corrective Action Required
1% -49% - Low Compliance	Corrective Action Required
0% - No Compliance	Corrective Action Required

Agency Response:

- Please format your response in such a manner as to list the section of the report, followed by the recommendation, followed by your response; please follow the same order as the report you received.
- The response is due within 30 calendar days of your monitoring report

Performance Improvement Plan (PIP)

- Required for sections with a 75% - 89% rating- Substantial Compliance
- Requires a written explanation of what the agency will do to make the specified correction.
- Due within 30 calendar days of your monitoring report

Corrective Action Plan

- Areas with scores of 50%-74% or Average Compliance require a thorough written explanation of what the agency will implement to make the specified correction as well as how they will evaluate and review information to ensure that the plan was effective.
- Due within 30 calendar days of your monitoring report

Corrective Action Plan

- Areas with scores of 0%-49% or No – Low Compliance require both a thorough written explanation of what the agency will implement to make the specified correction as well as how they will evaluate and review information to ensure that the plan was effective and for the agency to outline time frames where they will provide DPBHS Quality Improvement Unit with data and findings on the progress of implementing the recommendations
- Due within 30 calendar days of your monitoring report

Corrective Action Plan

- 6 to 8 weeks following the submission of your CAP, DPBHS staff will conduct a follow-up visit to review areas with recommendations.
- A formal report of findings will be sent to appropriate agency representatives.

Corrective Action Plan

- If the facility remains at low compliance rating following the CAP visit
  - DPBHS will visit every 6 to 8 weeks until the facility is in full compliance

Please note that if the recommended changes have not been fully implemented within 6 months of the PIP/CAP provided by the provider, DPBHS may terminate the contract.

Helpful Links and Contact Information

- Provider Manual: http://www.kids.delaware.gov/pdfs/pbh_ProviderManual_FY12.pdf
- Operating Guidelines: http://www.kids.delaware.gov/pdfs/dscyf_op_gl_20110701_v5.pdf
- For billing questions or issues, please contact: Tyneisha Jabbar-Bey – 302-633-2695
- For contract questions or issues, please contact: Jennifer Tse – 302-633-2572
- For questions related to monitoring, please contact: Kelly Lovelace – 302-633-2738
- For questions related to Reportable Events, please contact: Delilah Greer – 302-633-2681