

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 2	Continuous Quality Improvement		
Section: 3	Monitoring		
Topic: 1	Site Reviews		
Page: 2 of 9	Supersedes: Pol: 3-17-11 Proc: 5-5-15, 12-11-14, 10-24-13, 12-15-11, 5-2-11, 3-17-11	Approval Date: Pol: 6-18-15 Proc: 7-8-24	<div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;">Board Chairperson Signature</div> <div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;">Chief Executive Officer Signature</div>
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High-Risk Services: Services delivered outside of consumer service sites and specialized residential settings, particularly self-determined arrangements where the consumer acts as the employer and/or where a single atypical provider staff delivers services in the consumer's residence.

In-County Service Providers: Contracted Clinical Service Providers whose service delivery sites for people who are the financial responsibility of BABH are located within Arenac and Bay Counties.

Limited Use Provider: A provider from whom BABHA purchases **limited** (non-high risk) services **at a low** patient volume (less than 10 people served per year) **and/or low** business volume (less than \$25,000 in claims per year; (derived from definition of significant business transactions at 42 CFR 455.101)

Typical provider: – As defined by MDHHS in the Medicaid Manual, professional health care providers that provide health care services, who must meet education and state licensure requirements and have assigned NPI numbers. Examples are physicians, nurses, social workers and occupational therapists. ~~primary and tertiary~~

Out-of-County Service Providers: Contracted Clinical Service Providers whose service delivery sites for people who are the financial responsibility of BABHA are located outside of Arenac and Bay Counties.

Procedure

1) New Contracted Clinical Service Providers

a) In-County Contracted Clinical Service Providers

- i) Providers (including Limited Providers) will receive an on-site Readiness Review within their first three months of operation. The Readiness Review will consist of an assessment of the status of compliance with each applicable standard.
- ii) A formal report of the results of the Readiness Review will be sent to the provider within 45—days of the on-site visit with a request for corrective action to achieve compliance with any standards which were not found to be met.

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iii) Technical assistance will be provided as requested by the provider and as determined necessary by BABHA staff to ensure the provider is able to achieve compliance with standards. This may include additional site visits.

iv) Between three and six months of operation, the provider will receive an on-site follow-up Review, to verify that the provider has fulfilled their corrective action plan. The Quality Manager, Provider Network Coordinator and the responsible Clinical Director will be kept informed of the status of the provider's compliance with standards.

iv) Upon completion of this new provider readiness process, the provider will be considered an established provider.

a) Out-of-County Providers

i) Obtain copy of local CMHSP review if possible.

ii) BABHA will deem the results of such reviews as compliant with this policy and procedure.

iii) If a local CMHSP review cannot be obtained, a desk review will be completed to verify compliance with standards.

iv) If a desk review is not possible the Quality and Compliance Coordinator will consult with their supervisor regarding next steps, including the feasibility of an onsite review.

2) Established Contracted Clinical Service Providers

a) In-County Providers

i) Each contracted clinical service provider will receive a site review on an annual basis. Site reviews will cover both nursing, when applicable, and program **and recipient rights** components and are usually scheduled ~~30-60~~ Days in advance of the review. The Quality and Compliance Coordinator is responsible for conducting and/or coordinating each review. The site review may be at one of two levels based on the most current Audit Guidelines.

b) Out-of-County Providers

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- i) Obtain copy of local CMHSP review if possible
 - ii) BABHA will deem the results of such reviews as compliant with this policy and procedure.
 - iii) If a local CMHSP review cannot be obtained, a desk review will be completed to verify compliance with standards.
 - iv) If a desk review is not possible the Quality and Compliance Coordinator will consult with their supervisor regarding next steps, including the feasibility of an onsite review.
- c) Individual Practitioners
- i) Individual Practitioners, Practitioner partnerships and organizations brokering individual practitioner services, who do not operate a clinic where people served by BABHA are seen, are subject to credentialing (including Privileging) and must meet training and documentation requirements. They are not subject to site reviews.
 - ii) Individual practitioners, practitioner partnerships and organizations brokering LIP services who do operate a clinic where people served by BABHA are seen are subject to the siter review process.

3) Regional Site Reviews for Contracted Service Providers

- a) In conjunction with other Community Mental Health Service Programs (CMHSP) in the Mid-State Health Network (MSHN) region, regional site reviews are being conducted for Applied Behavior Analysis (ABA) service providers, Fiscal Intermediaries (FI), and Licensed Psychiatric Hospitals (LPH).
 - i) A full site review is conducted every two years with a follow-up to any corrective action plans in the alternate years.
 - ii) CMHSP staff conduct all aspects of the review of standards, including the corrective action plan, and utilize Box, a secure cloud storage system, to share information between the provider and the CMHSPs.

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iii) The regional reviews do not include a MEV review. The BABHA Quality and Compliance Coordinator will complete a sample MEV review to determine that services are being billed and documented accurately.

4) Review Components

a) New Standards

- i) Unless regulatory requirements do not permit, providers will be given advanced notice of new standards and guidance regarding how to comply with the standard.
- ii) When new standards are added to the site review tool, the standard will be identified as new and an effective date will be included.
- iii) Providers will be evaluated for their readiness to comply with the new standard(s) and if the standard is not met, asked to develop an action plan to achieve compliance by the effective date.

b) Limited Providers

- i) Reviews will focus on core program standards related to the qualifications of personnel and the delivery of compliant claims due to the limited relevance of standards which address administrative infrastructure.
- ii) In addition to any applicable Recipient Rights standards, the core standards include:
 - (1) Qualifications of Personnel, including Training, Background Checks and Exclusion/Debarment Checks
 - (2) Incident Reporting
 - (3) Event Verification/Provider Billing

c) Review Team ~~All Other Providers~~

- i) The Nursing Review will be conducted by a Registered Nurse, as determined by the Nursing Team Leader.
- ii) Quality and Compliance Review- The Program Review will be conducted by the Quality and Compliance Coordinator. For services or programs for which BABHA has a designated Coordinator, including Applied Behavioral Analysis, Vocational

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Services and Self-Determination, the Coordinator will at least assist, if not participate in, the review.

iii) The Recipients Rights Review will be conducted by a Recipients Rights staff as determined by the Recipient Rights/Customer Service Supervisor and BABHA Recipient Rights Policies and Procedures.

iv) The Quality and Compliance Coordinator is responsible for scheduling the review and coordinating the participation of other subject matter experts involved

~~i) Nursing Review: The Nursing Review will be conducted by a Registered Nurse who will review the following components:~~

- ~~(1) Continuum (Contract Performance Requirements and Performance Indicators)~~
- ~~(2) Clinical Laboratory Improvement Amendments (CLIA) certification~~
- ~~(3) Assessment~~
- ~~(4) Individual Education~~
- ~~(5) Surveillance, Prevention, and Infection Control Findings~~
- ~~(6) Medication and Health Care Management~~
- ~~(7) Care and Management of Information~~

~~ii) Program Review: The Program Review will be conducted by the Quality and Compliance Coordinator who will review the following components:~~

- ~~(1) Management of Human Resources Qualifications of Personnel~~
- ~~(2) Performance Improvement and Strategic Planning~~
- ~~(3) Compliance Program and Plan~~
- ~~(4) Health Insurance Portability and Accountability Act~~
- ~~(5) Leadership, related to Contract requirements~~
- ~~(6) Management of the Environment~~
- ~~(7) Home and Community Based Standards~~
- ~~(8) Consumerism and Community Connect Standards~~

~~iii) Event Verification/Provider Billing~~

~~iv) Follow-up to previous Corrective Action Plans~~

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v)vi) Note: Items reviewed are not limited to, but may include: employee records, including training records; staff meeting minutes; consumer meeting minutes; consumer records; community inclusion logs; daily progress notes; floor books; communication logs; home license and certification; provider policies, procedures and agency plans.

v)vi) Upon completion of the site review, the Quality and Compliance Coordinator provides a short, overall summary of the review to the designee of the agency and/or organization.

viii) Completed site review results are sent to the clinical contracted service provider's Chief Executive Officer and/or designee within 30-45 days of completion of the actual-review, which includes any desk and/or on-site review, and receipt of any documents the provider was asked to provide for the review process. If a plan of correction is required, BABHA will send the provider a letter, after which the provider has 30 days, from the date of the letter, to complete and forward the corrective plan to Quality and Compliance Coordinator.

1) Providers Not In Compliance with Standards

- a) The first instance of a finding of non-compliance with a standard will result in a dialogue about the finding and expectations for performance, including a written summary of that meeting and a statement of correction agreed to by the parties.
- b) Substantially low scores may result in an unannounced return visit by the Quality and Compliance Coordinator. If there is no evidence of improvement, the findings will be forwarded to the Director of Healthcare Accountability and the relevant Clinical Director for further follow up.
- c) A provider's failure to comply with standards may be considered failure to meet the terms and expectations of the service provider's contractual agreement with BABH, potentially resulting in the initiation of negative contract action as outlined in the terms of the contractual agreement.

Attachments

Related Forms

Nursing Site Review Template (G:/BABH/Agency Site Review/Site Review)

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Program Site Review Template(s) (G:/BABH/Agency Site Review/Site Review

- Full Audit Tool (Updated) (G:/BABH/Agency Site Review/Site Review
- Administrative Audit Tool (Updated) (G:/BABH/Agency Site Review/Site Review)

Related Materials

[FY 14 Audit Guidelines](#)

References/Legal Authority

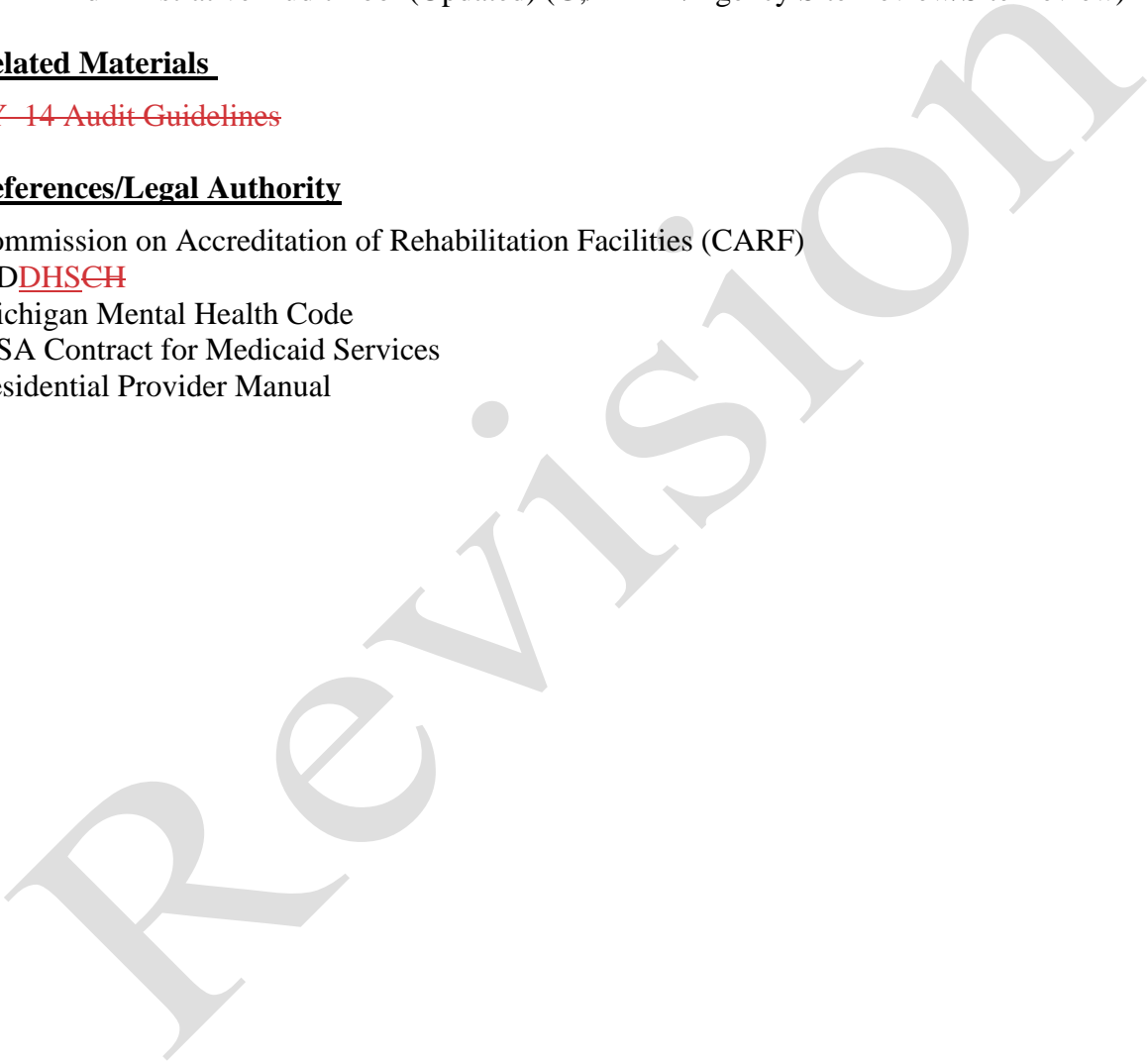
Commission on Accreditation of Rehabilitation Facilities (CARF)

MDDHSCH

Michigan Mental Health Code

MSA Contract for Medicaid Services

Residential Provider Manual



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SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
R. Westendorf/M. Wolber	Janis Pinter	1/14/11	New	New
Lynn Begres	Janis Pinter	5/12/11	Revision	CLIA forms review added to Nursing Review Revised RN residential site review template
R. Westendorf	Joseph Sedlock	12/15/11	Revision	New Program Review Templates: Full, Focus and Administrative FY 12 Audit Guidelines
J. Steckley/B. Roszatycki	Michael Swank	10/24/13	Revision	Triennial Review-Updated with Person first Language and updated job title.
Diane Swank/Sandra Gettel	Janis Pinter	12/11/14	Revision	New Program Review Templates: Full and Administrative, Updated Audit Guidelines, Changed position title of Provider Network Coordinator to Quality and Compliance Coordinator, changed advance notice from 30 days to 7, discontinued provider network survey, discontinued Focus Audit.
Sandy Gettel	Janis Pinter	5/5/15	Revision	5-5-2015 all clinical contracted service providers was added. Recovery money deleted. 2 weeks for report to be completed was updated to 30 days. Moved from Chapter 4 Section 12 Topic 35 to Chapter 2 Section 3 Topic 1.
<u>S. Holsinger</u>	<u>J. Pinter</u>	<u>11/2/2022</u>	<u>No changes</u>	<u>Triennial review -done after due date</u>
<u>Sarah Holsinger/Janis Pinter/K. Amon</u>	<u>Janis Pinter/K.Amon Corporate Compliance Committe</u>	<u>1/27/21</u> <u>7/8/24</u>	<u>Revision</u>	<u>Update-has some changes from J. Pinter in 1/2021 also that were not processed.</u>