

# FY 2017/18

## Kalamazoo Community Mental Health & Substance Abuse Services

### QUALITY MONITORING REVIEW (QMR) INFORMATION SHEET

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This information sheet will serve as your communication regarding this year's Quality Monitoring Reviews for KCMHSAS programs and contracted providers. You will receive additional information when the Monitoring Review schedule is posted to the KCMHSAS portal ([Home > Provider Information > Quality Monitoring Review Tools](#)) or if you are contacted individually by the QM Department to schedule your review. Note that staff will require a log in to the KCMHSAS portal to access these documents. Please examine the schedule closely as it will identify the type(s) of review you will receive and the review tool(s) that will be used during the process.

If you need to reschedule your review date, contact Ann Klimp at [QMR@kazoocmh.org](mailto:QMR@kazoocmh.org) **within 2 weeks upon receipt of your scheduled review date either through notification that the schedule has been posted on the portal or notified individually by the KCMHSAS QM Department.** Please note that we will try to accommodate your request to reschedule, however there is no guarantee that requests will be granted. Rescheduling decisions will be made at the discretion of the Quality Improvement Manager or the Director of Quality Management and Contract Services based on the review team's availability.

Provider QMR trainings were once again conducted this year. Providers were encouraged to send staff to relevant training(s) to learn about upcoming changes to the monitoring review tools and focus areas for this fiscal year reviews. You can access the handouts for the trainings on the KCMHSAS portal at [Home > Provider Information > Quality Monitoring Review Tools > QMR Information and Trainings](#).

The review team continues to coordinate reviews with the Office of Recipient Rights (ORR) whenever possible, however there are times when this cannot occur due to scheduling needs for each department. Every effort will continue to be made to complete the reviews on the same day(s).

#### WHAT'S DIFFERENT THIS YEAR

KCMHSAS has continued to work with Southwest Michigan Behavioral Health (SWMBH) and our regional CMHSP partners to further improve coordination of reviews in efforts to reduce duplications for both the Providers and the CMHSP's. As a result of this work, some efficiencies have been created:

- All 8 counties within the region have once again developed and adopted a standardized Organizational Practices Review tool for Mental Health services to ensure consistency in monitoring and standards across the region.
- Providers who contract with more than one CMHSP will receive one Organizational Practices Review (OPR) and the results will be shared with the other contracted CMHSP(s). Southwest Michigan Behavioral Health does complete reviews for contracted Substance Use Disorder service providers. As a result of overall similarities between the OPR and the SUD administrative review tool, SWMBH may complete the OPR on behalf of KCMHSAS for the relevant Mental Health portions in order to avoid two organizational reviews for a Provider. Please refer to the QMR schedule to determine who will be completing your Organizational Practices Review (OPR) if you contract with more than one CMHSP in our region or are a contracted SUD provider through SWMBH. If you **do** provide services through contract with another CMHSP, feel free to contact Sheila Hibbs, Director of Quality Management and Contract Services, to request that the OPR is shared with that CMHSP.
- KCMHSAS will be conducting follow-up reviews for Providers who received 90% or higher on their Organizational Practices Review during FY 2016/17 and had a full review completed. A provider will not receive two follow-up reviews in a row. If you received a follow-up review last year, you will have a full review for FY 17/18. The follow-up review will entail:
  - Follow-up on the implementation of FY 2016/17 plan for improvement
  - Review of personnel and credentialing staff records

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- Review of any new standards that have been added to the OPR and are applicable to the provider and/or program
- A follow-up review will also be conducted for Provider programs that received a 95% or higher on the Claims Verification / Clinical Record Review during FY 2016/17. A provider will not receive two follow-up reviews in a row. If you received a follow-up review last year, you will have a full review for FY 17/18. The Claims Verification/Clinical Record Review follow-up will entail:
  - Follow-up on the implementation of FY 2016/17 plan for improvement
  - Completion of claims verification for a selection of records and dates of service based on billing that was submitted to KCMHSAS and paid.

#### WHAT TO EXPECT FOR YOUR REVIEW

- A confirmation email will be sent to you approximately 30 days prior to your scheduled review date to confirm your review date, as well as provide you with a link to the review tools on the KCMHSAS portal ([Home > Provider Information > Quality Monitoring Review Tools](#)).
- A list of the individual records to be reviewed for the Claims Verification / Clinical Record Review will be sent to you up to 5 days before your scheduled review date. However, if you are a Specialized Residential provider with a small number of Community Mental Health Service Program (CMHSP) funded individuals, the reviewers will likely review all of the records rather than a sample. There may be other situations in which a complete pulled sample will not be provided to you prior to your review.
- Reviews will generally begin at 9:00am unless otherwise coordinated. Review staff will arrive at the location between 8:30am-8:45am in order for the review to formally begin as close to 9:00am as possible.
- If a reviewer cannot locate a required document, the provider will be given the opportunity to point out the location of the document in the record. If a document is missing from the file but the provider is able to obtain it and provide it to the reviewers prior to the end of the review day, partial credit may be awarded.
- We request that a designated individual be available on-site to answer questions and locate documents as needed. We have found the reviews to be most efficient if we work independently and do not want to completely interrupt the day-to-day responsibilities of you or your staff. Staff do not need to remain in the room with the reviewers throughout the day and are welcome to provide phone numbers and/or office locations to be contacted if needed. We will also develop a list of questions for periodic check-ins.
- At the beginning of the day our reviewers will provide you with information as to approximate time the review will conclude and will coordinate an exit interview time so you can inform other individuals in the organization who may want to be present. We are happy to meet with you at the end of our reviews to discuss the agency's strengths and areas for improvement. Preliminary findings will be shared with you and the finalized results will be included in your report.
- Quality Monitoring Review reports will be sent to you electronically in a PDF document. ***Communication from the Quality Management Division will often be sent from the email address of [QMR@kazooemh.org](mailto:QMR@kazooemh.org). You are encouraged to add this email address to your email contacts to prevent important information being sent to your spam or junk email folders.***
- As a means to protect individuals served Protected Health Information (PHI), the email(s) will be encrypted. Please note that the KCMHSAS email encryption process does direct you to another location to sign in and open the documents.

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- At the end of this document we have provided contact names and phone numbers of the leads for different aspects of the QMR process. Do not hesitate to contact us with any questions or if you need clarification regarding any items mentioned above.

### **ORGANIZATIONAL PRACTICES REVIEW (OPR)**

The Organizational Practices Review addresses the areas of Quality Improvement, Customer Services, Health & Safety (including a tour of the premises), Corporate Compliance, Finance, Credentialing, Training and Home and Community Based Services standards (as applicable). The OPR tool has been standardized and adopted across our 8 county region to aide in the sharing and coordination of reviews between the counties within Southwest Michigan Behavioral Health (SWMBH). If the agency has more than one site, reviews will be completed at each site designated at the time of scheduling. For Specialized Residential providers, this may be a sample of the total homes that contract with KCMHSAS. The specific scheduling and order of site visits will be completed with your agency prior to the date of the review.

#### **Materials to have ready for the OPR**

1. Employee personnel records including:
  - a. Training records
  - b. Professional Licensure (when applicable)
  - c. Performance Evaluations
  - d. Credentialing verification documentation
  - e. Criminal History Background checks
  - f. Verification of checks of the OIG and SAM databases
  - g. Drivers License and auto insurance verification (when applicable)
  - h. Verification of Recipient Rights checks (at time of hire)
  - i. TB testing/Health status reports (when applicable)
2. Completed Incident and Accident Reports and/or aggregate reports of IR's
3. Building Maintenance Records
4. Agency Policies and Procedures including:
  - a. Emergency Response/Health and Safety
  - b. Corporate Compliance/Privacy

### **INTERVIEWS WITH PERSONS SERVED**

Interviews of individuals served will be coordinated with you and completed as indicated on the QMR schedule by a Peer Specialist or one of our designated Quality team members. You will be contacted prior to your scheduled on-site review date to discuss scheduling interviews of persons served. Agencies are asked to invite individuals to participate in face-to-face interviews prior to the scheduled review date. Please review the case list that will be sent to you and target these individuals for contact about interest in participating in an interview to allow a full picture of their experience with your organization for the purposes of the review. However, we can and will interview any interested individual open to your services, even if outside of the record sample. If individuals are interested in participating, we ask that they are available on the day of the review. If an individual is not able to be available on site, we are happy to accommodate with scheduling a phone interview. Interviews are a valuable part of the Quality Monitoring Review process and agencies are encouraged to support this with the individuals they serve. It is appreciated for a private area to be provided for these interviews to be completed.

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#### **CLAIMS VERIFICATION/CLINICAL RECORD REVIEW (CV/CRR)**

The Claims Verification/Clinical Record Review tool is located on the KCMHSAS portal ([Home > Provider Information > Quality Monitoring Review Tools](#)).

The CV/CRR addresses the entire spectrum from service to payment. Multiple elements such as, but not limited to, service delivery, supporting documentation, claims submission and claims payments will be audited. Additionally, if your organization or homes maintain resident funds, these funds and the corresponding documentation to support the transactions in the account may also be audited. Please note that failure to have supporting documentation in the record at the start of the audit may result in a score of zero and recoupment of the previously paid funds may be sought.

The CV/CRR also addresses clinical documentation compliance based on the requirements of the Mental Health Code and the Medicaid Provider Manual, as well as other MDHHS, SWMBH, and KCMHSAS requirements. If there is a question related to utilization or level of care for the individual served, a Masters Level, Licensed clinician will be requested to further evaluate the services received by the individual. You are encouraged to contact the Quality Improvement Manager if you have any questions regarding case lists, to provide additional information or have questions on the review process.

#### **Accommodations needed during the site review**

If your agency uses an Electronic Health Record (EHR), please ensure that at least 3-4 computers are available with log-in/password information at the time of the review team arrival. If more computers are needed based on the number of reviewers, this request will be made and coordinated with you prior to the date of the review. Preparation and availability of the EHR at the time the reviewers arrive is critical.

#### **UTILIZATION REVIEW**

Utilization Reviews are completed to assess and determine the appropriate level of care and occur as a result of:

- An individual's appeal of a determination to increase, decrease, terminate or maintain services
- A CV/CRR
- Monitoring of over and under utilization of services
- A scheduled special or targeted review

Utilization Reviews will be coordinated and scheduled separately.

#### **RECIPIENT RIGHTS REVIEW**

To expedite the process, we request that you provide ORR with certain items *prior* to our visit. Those items are as follows:

- Training records for the past year which will include the names of all employees hired in the past 12 months, the date they were hired and the date they received Recipient Rights training
- Training records for employees hired prior to the last year and the date of their annual re-certification

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training in Recipient Rights

- Any house rules that are posted or enforced by your program/agency

During the site visit, the Rights staff will be reviewing the following:

- Rights postings
- Rights forms/brochure availability
- Rights system access information availability
- Safe and secure environment
- House rules postings

A sampling of records will be reviewed for the following areas:

- Rights notification
- Summaries of chapter 748 and 750 of the MHC
- Evidence of Person-Centered Planning
- Consents
- Guardianship papers

Recipients and staff may be interviewed as part of the review process.

### **MAIN CONTACT INFORMATION FOR THE QUALITY MONITORING REVIEW PROCESS**

**Ann Klimp, Quality Improvement Manager**

Office: (269) 364-6988

Email: [aklimp@kazoocmh.org](mailto:aklimp@kazoocmh.org)

(Claims Verification / Clinical Record Review, Sub-Recipient Review, Net Cost Review, Organizational Practices Review, Plans for Improvement)

**Todd Osborn, Quality Improvement & Contract Services Specialist**

Office: (269) 364-6962

Email: [tosborn@kazoocmh.org](mailto:tosborn@kazoocmh.org)

(Organizational Practices Review)

**Sheila Hibbs, Director of Quality Management and Contract Services**

Office: (269) 364-6985

Email: [shibbs@kazoocmh.org](mailto:shibbs@kazoocmh.org)