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**CMHPSM FY20 Summary of SUD Provider Monitoring**

In lieu of the COVID-19 pandemic modifications were made for the FY 20 review of SUD providers to be a risk-based review specific to pandemic-related areas of risk instead of a standard review.

**The following modifications to the CMHPSM Monitoring of SUD Providers took place for FY 20:**

1. The review was completed remotely and by desk audit, with the goal to complete reviews of 85% of the provider panel.
2. Based on past auditing practices, an administrative and policy review, as well as a clinical record review of all requirements has been completed annually with the last one completed FY19. Due to the COVID-19 pandemic and limited provider resources, an administrative and policy review and a full clinical record review was waived with plans to complete these areas in the next fiscal year, to reduce undue resource/ administrative burden on SUD providers.
3. The FY 20 review of SUD providers entailed the following:
4. A review of the provider’s corrective action plan (CAP) from last fiscal year to ensure all areas have been addressed. If no CAP was required by the provider this aspect of the review was not applicable.
5. A risk review of clinical cases related to COVID-19 and telehealth services was be completed remotely for all SUD providers in the CMHPSM region during the months of August and September. A random sample of claims data between March 2020 and July 2020 was pulled for review for each SUD provider. Cases pulled from this claims data were reviewed for the following factors:
6. Telehealth services billed were correctly coded.
7. Telehealth services documentation met the definition of the service billed.
8. Telehealth services met the requirements of service documentation.
9. Services met the access requirements of priority populations, where applicable.
10. Services met the access requirements of routine service requests, where applicable.
11. Comprehensive individualized client-centered treatment/recovery plans were developed within 30 days after admission.
12. The treatment/recovery plan had been modified to address how services will be provided related to COVID-19, if there has been a change in service provision, and included only MDHHS allowable tele-related services.
13. Services were provided in accordance with the type and frequency and an individual's current treatment/recovery plan.
14. Staff who billed for the claims pulled met the state and federal provider requirements for the service.
15. Provider compliance with state performance indicators on the accessibility of services (initial intake and next service).

A standardized tool developed by the review team was utilized for each agency. All in-network contracted treatment providers were reviewed on the above elements, based on the level of care provided or program type. A minimum of 5 cases were randomly selected from provider admission lists for persons who received services in FY2020.

Providers at 85% compliance with the above factors did not have to submit a formal plan of correction. Providers below 85% with the above factors were to plan for how they will adjust policies and practices in order to meet the standards identified in their review, with the implementation of these corrective measures/corrective action plans (CAPs) to be included in the FY21 reviews.

The table that follows shows areas of compliance where providers met the criteria, and areas that need improvement/corrective action based on the standards described above.

Provider outcomes with staff training, where providers needed improvement, was partially related to the challenges with a fully remote review and the technology/resources available in sharing documents. All providers were compliant. Therefore, this aspect of the review will be continued in FY21 reviews with more options for document review/sharing.

Access to initiating services was at times delayed due to quarantine/COVID-19 positive tests, as well as consumer choice in when to start services. Providers were not held out of compliance when these factors were clearly documented.

In general providers were in compliance in the following areas:

* Billing accurately for telehealth services
* Services were provided as billed
* Staff providing service met current licensure/certification

Overall SUD providers transitioned to telehealth quickly when it became allowable and made accommodations for COVID-19 quarantine and testing resources for consumers to support their treatment needs.

The final report must be posted on the CMHPSM website for community access and review.

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| **PROVIDER** | **AREAS OF COMPLIANCE** | **AREAS NEEDING PLAN OF CORRECTION**  | **NEXT PLANNED REVIEW (includes review of FY20 CAPs where applicable)** |
| BEAR RIVER HEALTH | Documentation of telehealth servicesCurrent/updated treatment plans | Access/assessment requirements metServices provided in accordance with the treatment/recovery plan | SEPTEMBER -NOVEMBER2021 |
| CATHOLIC CHARITIES of LENAWEE COUNTY Partial Review | Documentation of telehealth servicesEvidence of staff meeting provider/licensure/certification requirements | Evidence of staff meeting provider/licensure/certification requirements | SEPTEMBER -NOVEMBER2021 |
| CATHOLIC CHARITIES of SOUTHEAST MICHIGAN  | Evidence of completed staff trainingEvidence of staff meeting provider/licensure/certification requirementsDocumentation of telehealth servicesCurrent/updated treatment plansServices provided in accordance with the treatment/recovery plan | N/A | SEPTEMBER -NOVEMBER2021 |
| CATHOLIC SOCIAL SERVICES OF WASHTENAW COUNTY | Documentation of telehealth servicesEvidence of staff meeting provider/licensure/certification requirementsCurrent/updated treatment plansServices provided in accordance with the treatment/recovery plan | Evidence of completed staff training | SEPTEMBER -NOVEMBER2021 |
| COMPLETE COUNSELING | Documentation of telehealth servicesEvidence of staff meeting provider/licensure/certification requirementsServices provided in accordance with the treatment/recovery plan | Evidence of completed staff training | SEPTEMBER -NOVEMBER2021 |
| CRC RECOVERY INC. DBA ANN ARBOR TREATMENT CENTER  | Documentation of telehealth servicesEvidence of staff meeting provider/licensure/certification requirementsServices provided in accordance with the treatment/recovery plan | Evidence of completed staff training | SEPTEMBER -NOVEMBER2021 |
| DAWN INC. | Access/assessment requirements metDocumentation of telehealth servicesEvidence of staff meeting provider/licensure/certification requirements | Current/updated treatment plans Evidence of completed staff training | SEPTEMBER -NOVEMBER2021 |
| HEGIRAReciprocity review from MSHN | Documentation of telehealth servicesEvidence of staff meeting provider/licensure/certification requirementsServices provided in accordance with the treatment/recovery plan | Access/assessment requirements metCurrent/updated treatment plans | SEPTEMBER -NOVEMBER2021 |
| HOLY CROSSReciprocity review from DIWHN  | Documentation of telehealth servicesEvidence of staff meeting provider/licensure/certification requirementsServices provided in accordance with the treatment/recovery plan | Access/assessment requirements metEvidence of completed staff trainingCurrent/updated treatment plans |  |
| HOME OF NEW VISION | Access/assessment requirements metDocumentation of telehealth servicesEvidence of staff meeting provider/licensure/certification requirementsCurrent/updated treatment plansServices provided in accordance with the treatment/recovery plan | Evidence of completed staff training | SEPTEMBER -NOVEMBER2021 |
| KEY DEVELOPMENT | Not Reviewed in FY20 by CMHPSM |  | SEPTEMBER -NOVEMBER2021 |
| LIVINGSTON COUNTY CATHOLIC CHARITIES | Not Reviewed in FY20 by CMHPSM |  | SEPTEMBER -NOVEMBER2021 |
| MCCLLOUGH VARGAS | Access/assessment requirements metDocumentation of telehealth servicesEvidence of staff meeting provider/licensure/certification requirementsCurrent/updated treatment plansServices provided in accordance with the treatment/recovery plan | Evidence of completed staff training | SEPTEMBER -NOVEMBER2021 |
| PARKSIDE | Access/assessment requirements metDocumentation of telehealth servicesEvidence of staff meeting provider/licensure/certification requirementsCurrent/updated treatment plansServices provided in accordance with the treatment/recovery plan | Evidence of completed staff training | SEPTEMBER -NOVEMBER2021 |
| PASSION OF MIND | Access/assessment requirements metDocumentation of telehealth servicesEvidence of staff meeting provider/licensure/certification requirementsServices provided in accordance with the treatment/recovery plan | Evidence of completed staff training Current/updated treatment plansDocumentation of telehealth services (for specific prescriber visits) | SEPTEMBER -NOVEMBER2021 |
| PERSONALIZED NURSING LIGHT HOUSE Reciprocity review from DIWHN | Access/assessment requirements metDocumentation of telehealth servicesEvidence of staff meeting provider/licensure/certification requirementsCurrent/updated treatment plansServices provided in accordance with the treatment/recovery plan | Evidence of completed staff training | SEPTEMBER -NOVEMBER2021 |
| PREMIER SERVICES OF MICHIGAN DBA CMS | Not Reviewed in FY20 by CMHPSM |  | SEPTEMBER -NOVEMBER2021 |
| SACRED HEARTReciprocity review from Macomb CMH | Documentation of telehealth servicesEvidence of staff meeting provider/licensure/certification requirementsServices provided in accordance with the treatment/recovery planCurrent treatment plan | Evidence of completed staff trainingUpdated treatment plans(Initial) assessment requirements met | SEPTEMBER -NOVEMBER2021 |
| SALVATION ARMY HARBOR LIGHT | Documentation of telehealth servicesEvidence of staff meeting provider/licensure/certification requirementsServices provided in accordance with the treatment/recovery plan | Evidence of completed staff trainingUpdated treatment plans | SEPTEMBER -NOVEMBER2021 |
| ST. JOES/TRINITY GREENBROOK RECOVERY CENTER | Not Reviewed in FY20 |  | SEPTEMBER -NOVEMBER2021 |
| THERAPEUTICS, INC | Documentation of telehealth servicesEvidence of staff meeting provider/licensure/certification requirements | Access/assessment requirements metCurrent/updated treatment plansEvidence of completed staff training Services provided in accordance with the treatment/recovery plan | SEPTEMBER -NOVEMBER2021 |
| VICTORY CLINIC IVReciprocity review from MHSN | Documentation of telehealth servicesEvidence of staff meeting provider/licensure/certification requirements | Services provided in accordance with the treatment/recovery planEvidence of completed staff training | SEPTEMBER -NOVEMBER2021 |