NC Medicaid Managed Care

Gold Star Monitoring:

Using the Regulatory Compliance/Quality Tools for

Initial and Routine Monitoring

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Overview

- The Goals of Gold Star Monitoring
- Categories of Providers
- Phases of Monitoring
- Special Features of the Gold Star Tools

Overview

- Description of the Regulatory/Compliance Quality Tools Used for Initial and Routine Monitoring
- Planning for the Monitoring Event
- The On-Site Review
- Overall Results

Philosophical Framework

- The transition from a fee-for-service reimbursement system to a prepaid capitated payment system carries with it inherent risks and increased accountability by the LME-MCO for quality of care, positive outcomes, and financial viability. Public scrutiny and expectations are that the LME-MCO provides high quality, cost-effective care. The LME-MCO's approach to monitoring its providers takes on special significance in a managed care environment.

-See "Philosophical Framework for NC Gold Star Provider Monitoring"

http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm

Statewide Implementation of Gold Star Monitoring

- A direct response to key legislative mandates:
  - Session Law 2011-264 (HB 916)
    - Statewide Expansion of the 1915 (b)(c) waiver
    - Replication of the PBH model
  - Session Law 2009-451 (SB 202)
    - Streamline paperwork and administrative burden on LMEs and providers

-For information on how these mandates were carried out, see "Statewide Implementation of Gold Star Provider Monitoring"

http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm

The Goals of Gold Star Monitoring

- To implement an <u>appropriate</u> qualification and evaluation system by which to measure the performance of the providers with which the LME-MCO contracts
- To ensure that all providers in the LME-MCO comply with North Carolina standards and rules, 1915(b)(c) waiver requirements and contract guidelines
- To institute procedures to assure and to recognize quality service provision

-Paraphrase of Cardinal Innovations Performance Profile Review

(Gold Star Process) Procedure No. : 5100

Effective Date: August 2011

Two Types of Contract Providers

- Provider Agencies
- Licensed Independent Practitioners (LIPs)

The Phases of Gold Star Monitoring

- Request to Enter the Network or to Expand the Provider's Service Array
- Initial (Implementation) Reviews
- Routine Reviews
- Advanced Placement on the Provider Performance Profile
  - Preferred, Exceptional, Gold Star Status (PEGS)

Request to Enter the Network
or
Add a New Service

- <u>Provider Agencies</u>
  - Application Policy and Procedure Review Tool
  - Additional Service(s) Review Tool

- <u>Licensed Independent Practitioners</u>
  - Office Site Review Tool
  - Mock Record Review

Initial and Routine Monitoring

- Initial Monitoring
  - This implementation review is conducted 90 days after the initiation of service delivery
- Routine Monitoring
  - Required for maintenance of profile level
  - Occurs annually or less often (every 2-3 years) depending on the provider's status

Gold Star Monitoring Process for Provider Agencies

Routine Status

Provider requests to enter Network

Application Policy & Procedure Review

<100% → POC required

100% → Provisional Status

Implementation Review using Initial Review, unlicensed AFL and Cultural Competency tools (as applicable) and Post-Payment Review of 10 paid claims

If <85% → POC required; After 3 attempts, Provider is referred to Network Cross-Functional Team to determine status

If >=85% → Routine Status

Routine Review using Initial Review, unlicensed AFL and Cultural Competency tools (as applicable) and Post-Payment Review of 30 paid claims

Provider elects to either remain on Routine Status or decides to apply for Advanced Placement on the Provider Performance Profile

voluntary

Advanced Placement on the Provider Performance Profile

Prerequisite longevity in the public service system has been met:
-Preferred Status – 1 year
-Exceptional Status – 2 years
-Gold Star Status – 3 years

Provider submits Self-Assessment for the requested level on the profile

LME-MCO verifies through desk and on-site reviews that requirements have been met

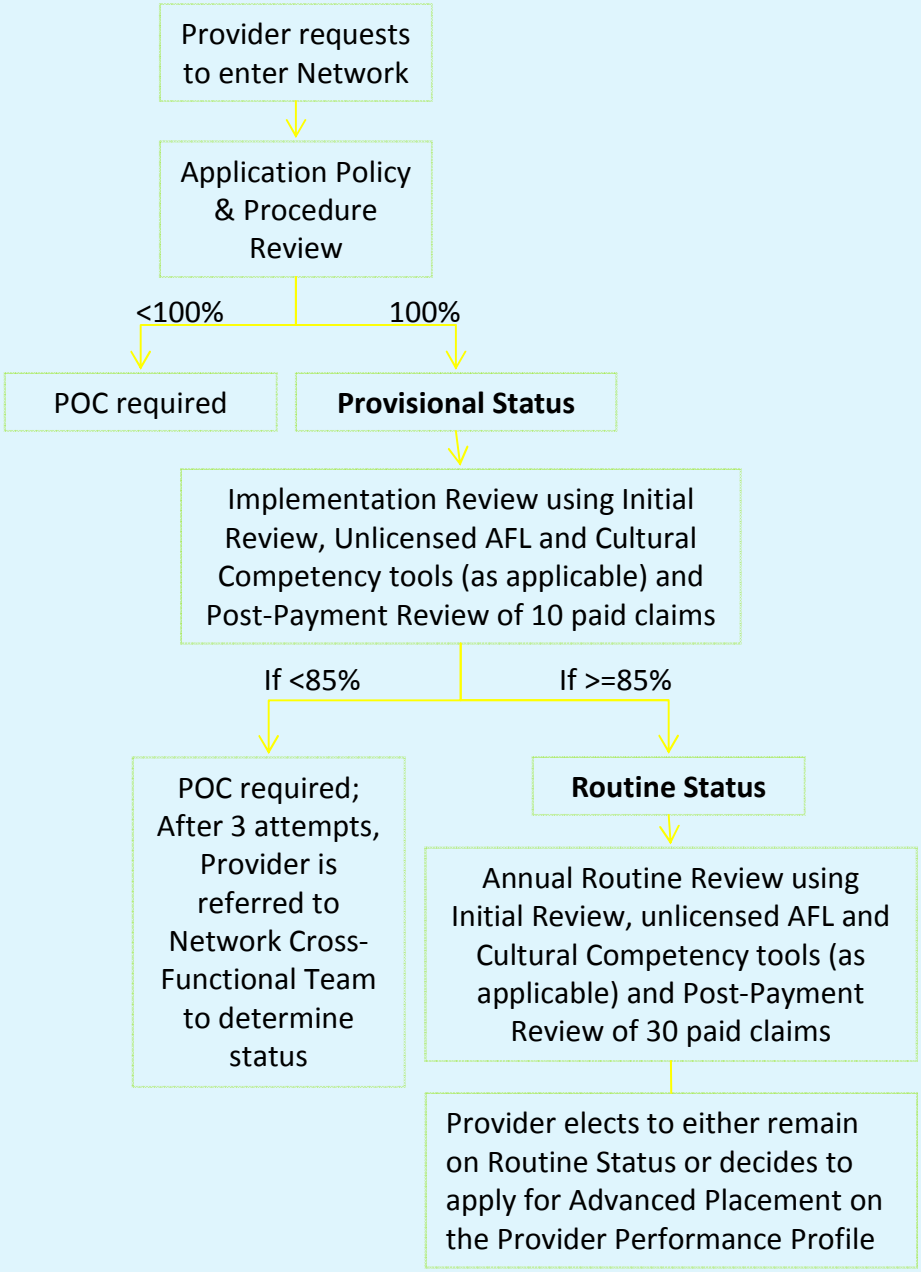
Preferred 85% Met	**Exceptional 90% Met**	**Gold Star 95% Met**
- Preferred Review Tool - Cultural Competency Tool - 20 paid claims	- Exceptional Review Tool - Cultural Competency Tool - 15 paid claims	- Gold Star Review Tool - Cultural Competency Tool - 10 paid claims
Every 2 years	**Every 3 years**	**Every 3 years**

Subsequent reviews using Domain Review, Cultural Competency and Unlicensed AFL Tools (as applicable) and post-payment reviews:
-Preferred Status – 20 paid claims
-Exceptional Status – 15 paid claims
-Gold Star Status – 10 paid claims

Failure to maintain performance standards results in POC and referral to Network Cross-Functional Team

Gold Star Monitoring Process for Provider Agencies

Routine Status



Gold Star Monitoring Process for Provider Agencies

Advanced Placement on the Provider Performance Profile

Prerequisite longevity in the public service system has been met:
-Preferred Status – 1 year
-Exceptional Status – 2 years
-Gold Star Status – 3 years

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Provider submits Self-Assessment for the requested level on the profile

↓

LME-MCO verifies through desk and on-site reviews that requirements have been met

Preferred 85% Met	**Exceptional 90% Met**	**Gold Star 95% Met**
- Preferred Review Tool - Cultural Competency Tool - 20 paid claims	- Exceptional Review Tool - Cultural Competency Tool - 15 paid claims	- Gold Star Review Tool - Cultural Competency Tool - 10 paid claims
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Failure to maintain performance standards results in POC and referral to Network Cross-Functional Team

Gold Star Monitoring Process for Licensed Independent Practitioners (LIPs)

LIP requests to enter network

Before contracting with LIP, LME-MCO conducts Office Site Review and mock record review

<85%

TA provided

>=85%

Preliminary Status

After 90 days of service provision, the LME-MCO conducts a review using the LIP Review Tools and a Post-Payment Review based on 10 paid claims

If <85%

Remains on Preliminary Status and is reviewed annually

If >=85%

Preferred Status and reviewed every 3 years

Non-Contract Provider Tool

- This checklist is used to fulfill the requirements of Senate Bill 163.
- The Non-Contract Provider Tool is used to monitor providers in the LME-MCO's catchment area with which the LME-MCO does not contract.

Special Features of the Gold Star Tools

- With the exception of the Cultural Competency Review Tool and some items on the Record Review Tool, the items on these tools primarily monitor regulatory compliance.
- There are guidelines for each tool. In addition to guidance on how to rate an item as met or not met, the rule, regulation or other statutory authority is provided for each requirement. Some items include guidelines for generally accepted best practice.

DHHS Rights Notification and Funds Management Review Tool Guidelines

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
	For All Service Types:	
1.	Agency information is available and includes rules, responsibilities, and penalties for violation. 10A NCAC 27D .0201 (1) (d) In each facility, the information provided to the client or legally responsible person shall include; (1) the rules that the client is expected to follow and possible penalties for violations of the rules.	Review documentation that supports that the individual/LRP has been informed of requirements/rules for receipt of services from the agency and follow up to violations. Information given within 3 visits or 72 hours, if a residential facility.
2.	How to obtain a copy of their treatment plan. 10A NCAC 27D .0201 (d) (3) the procedure for obtaining a copy of the client's treatment/habilitation plan.	Review documentation that supports that the individual/LRP has been informed of the procedure for obtaining a copy of their treatment plan.
3.	The right to, within 30 days of admission to a facility, have an individuaizedl written treatment or habilitation plan implemented by the facility. General Statutes 122C-57. (a) Each client who is admitted to and is receiving services from a facility has the right to receive age-appropriate treatment for mental health, mental retardation, and substance abuse illness or disability. Each client within 30 days of admission to a facility shall have an individual written treatment or habilitation plan implemented by the facility. The client and the client's legally responsible person shall be informed in advance of the potential risks and alleged benefits of the treatment choices.10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem;(2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;(4) a pertinent social, family, and medical history; and(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.(d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;(2) strategies;(3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;(5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	Review documentation that supports that the individual has been informed of his or her right to have an individuaized written treatment or habilitation plan implemented by the facility within 30 days.
4.	Right to contact Disability Rights NC. 10A NCAC 27D .0201 (b) Each client shall be informed of his right to contact the Governor's Advocacy Council for Persons with Disabilities (GACPD)[sic] Disability Rights North Carolina, the statewide agency designated under federal and State law to protect and advocate the rights of persons with disabilities.	Review documentation that supports that the individual/LRP has been informed of his or her right to contact Disability Rights North Carolina, formerly GACPD.

Special Features of the Gold Star Tools

- The specific tools used during a monitoring event is determined by the array of services identified by sample selection.

- The number and type of tools used during a review is determined by the number of services provided by the agency and any special services the individual received.

Special Features of the Gold Star Tools

- The combination of tools provides a snapshot of the provider's performance in the quality measures assessed by the Gold Star tools and in key regulatory compliance areas (including the integrity of the provider's documentation and billing practices).

- While each phase of monitoring involves the use of multiple tools, each tool is comprehensive enough to be used as a stand-alone tool for more targeted, focused monitoring or justified cause audits.

Special Features of the Gold Star Tools

- A post-payment review is an integral part of each phase of Gold Star monitoring.

- Some of the post-payment review tools are tailored to specific services. When there is not a service-specific post-payment review tool, the generic post-payment review tool is used.

Special Features of the Gold Star Tools

- In cases where an agency provides a comprehensive array of services, more than one post-payment review tool will most likely be used.

- Documentation, scoring, and reporting are completely automated.

Description of the Regulatory Compliance/Quality Tools Used for Initial and Routine Monitoring of Contract Providers

- ***Rights Notification and Funds Management Review Tool***
  - This tool assesses whether the provider has policies and procedures in place to ensure that individuals in the provider's care have been informed of their rights and that there are measures in place to protect the individual's rights.
  - Most of the items on this tool look at the agency as a whole.
  - On an individual basis, the Funds Management portion of this tool is completed for recipients that reside in 24-hour programs.

Description of the Regulatory Compliance/Quality Tools Used for Initial and Routine Monitoring of Contract Providers

- ***Record Review Tool***
  - This tool includes both regulatory and quality measures.
  - The items on this tool check to see that there is documentation in the individual's record to assure that a number of requirements are in place (e.g., consent to treatment; emergency care; protection of confidentiality; release of information, documentation of coordination of care with medical and non-medical providers; documentation that the comprehensive clinical assessment provides identifies the needs of the individual consistent with the eligibility criteria for the service; documentation that the individualized goals in the service plan are consistent with the expected outcomes of the service definition).
  - This tool does not duplicate the record review items that are a part of the post-payment review.
  - This tool is used with all individuals that are included in the sample.

Description of the Regulatory Compliance/Quality Tools Used for Initial and Routine Monitoring of Contract Providers

- ***Personnel Review Tool***
  - This tool is used to determine whether the staff who signed the documentation had the necessary qualifications and met the training/competency requirements to provide the service.
  - This tool does not duplicate the items on the post-payment review tools.
  - The number of personnel record reviews completed should correspond to the number of staff listed on the Personnel information worksheet (Purple tab).

Description of the Regulatory Compliance/Quality Tools Used for Initial and Routine Monitoring of Contract Providers

- ***Medication Review Tool***
  - This tool is used in monitoring programs where the staff administers medication to the individuals in their care (e.g., 24-hour residential programs or day programs).
  - Some items on this tool the agency's policies and procedures for medication administration.
  - One portion of the tool is completed for each individual in the sample who receives medication while in the program.
  - The Medication Review Sheet should be completed first before the Medication Review Tool is completed.

Description of the Regulatory Compliance/Quality Tools Used for Initial and Routine Monitoring of Contract Providers

This worksheet is used to evaluate items 11, 17, 18, 23, and 24 on the Medication Review Tool. Results below
This worksheet has spaces to evaluate up to 30 records (columns) with up to 20 medications per record (rows
Enter the results for each **record** reviewed in the appropriate **column**. Enter the results for each **medication**

ne department of health and human services

DHHS Medication Review Sheet

PROVIDER / FACILITY NAME: **ABC Provider / XYZ Group Home** **R**

		Record						
Item #	**Questions:**	**1**	**2**	**3**	**4**	**5**	**6**	**7**
1	Medication 1	Name of 1st Med	Name of 1st Med					
	Medication Order (Question #11)	Met	Met					
	Medication Label Matches Order (Question #17)	**Not Met**	Met					
	MAR Listing for Medication Matches Order (Question #18)	Met	**Not Met**					
	Medication Education Present (Question #23)	Met	Met					
	Consent for Medication Present (Question #24)	Met	Met					
2	Medication 2	Name of 2nd Med						
	Medication Order (Question #11)	Met						
	Medication Label Matches Order (Question #17)	**Not Met**						
	MAR Listing for Medication Matches Order (Question #18)	Met						
	Medication Education Present (Question #23)	Met						
	Consent for Medication Present (Question #24)	Met						
3	Medication 3							
	Medication Order (Question #11)							
	Medication Label Matches Order (Question #17)							
	MAR Listing for Medication Matches Order (Question #18)							
	Medication Education Present (Question #23)							
	Consent for Medication Present (Question #24)							
	Medication 4							

Record Review Tool | Personnel Review Tool | Medication Review Tool | **Medication Review** | Health, Safety, Compliance Tool | AFL He

Description of the Regulatory Compliance/Quality Tools Used for Initial and Routine Monitoring of Contract Providers

- ***Medication Review Tool***
  - The guidelines for completing these tools were updated to reflect current EPA and FDA standards for disposing of medication.
  - The current standard of practice for ensuring that safeguards are in place to monitor individuals taking antipsychotic and/or controlled substances is provided in the guidance.
  - Additional aids are in included to assist the monitor in understanding how to identify controlled substances.

IDENTIFYING CONTROLLED SUBSTANCES

There are 4 classes of controlled substance used in clinical medicine which are delinated as follows:
http://www.deadiversion.usdoj.gov/21cfr/cfr/2108cfrt.htm

C-II ---This has most of the potent opiates like morphine, oxycodone (Oxycontin), and methadone, as well as amphetamine-like stimulants like Adderal, Ritalin, etc.

C-III--This has opiates mixed with other pain relievers like tylenol (example Vicodin and Tylenol #3). Also includes anabolic steroids.

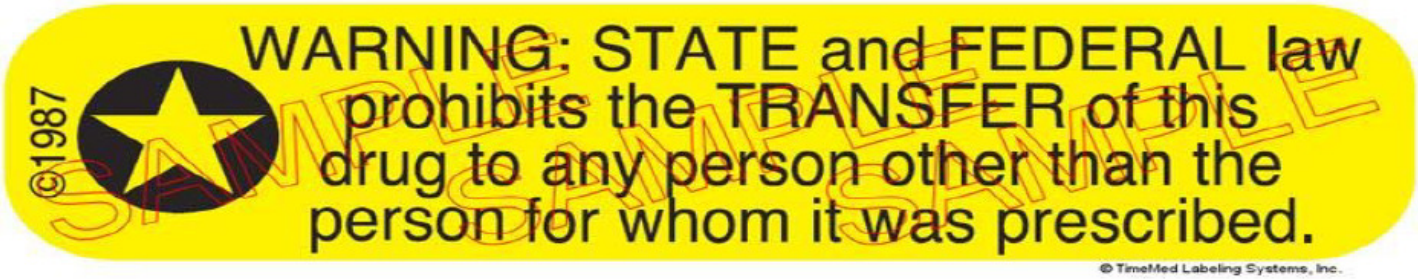
C-IV--This is a large class with many of the benzodiazepine (examples: Valium, Xanax, Ativan) as well as some barbiturates (phenobarbital) and sleep aid like Ambien.

C-V--Is a relatively small class. Lomotil and Lyrica are the most common used.

Any drug packaged from the manufacturer, will be labeled as "C II", "C III", etc. However, most of the time the pharmacist will dispense in another container.
Although there may be some variation among pharmacies, there are two potential ways controlled substances are identified on the prescription label from the pharmacy.

1. The prescription number for a C-II usually starts with a letter "C." Other classes (C-III gto C-V) may also have a letter. Most non-controlled substances either have numbers only or start with "Rx."

2. Auxiliary labels are usually placed on all controlled substances, for example:



Atypical Antipsychotic Medications

First Generation Antipsychotics	
BRAND NAME:	**GENERIC NAME:**
Haldol	Haloperidol
Navane	Thiothixene
Prolixin	Fluphenazine
Thorazine	Chlorpromazine
Trilafon	Perphenazine
Second Generation Antipsychotics	
BRAND NAME:	**GENERIC NAME:**
Abilify	Aripiprazole
Clozaril, FazaClo	Clozapine
Fanapt	Iloperidone
Geodon	Ziprasidone
Invega	Paliperidone
Latuda	Lurasidone
Risperdal	Risperidone
Saphris	Asenapine
Seroquel	Quetiapine
Zyprexa, Symbyax	Olanzapine

Description of the Regulatory Compliance/Quality Tools Used for Initial and Routine Monitoring of Contract Providers

- ***Health, Safety and Compliance Review Tool***
  - While the majority of the items on this tool have to do with facility-based services, there are some items that also pertain to periodic services (e.g., reporting, investigating and following up on incidents and complaints).
  - This tool would be used for licensed facilities that are not surveyed every 12-15 months.

Description of the Regulatory Compliance/Quality Tools Used for Initial and Routine Monitoring of Contract Providers

- ***Unlicensed AFL Health and Safety Review Tool***
  - Home Environment
    - A medical preparedness plan
    - Availability of First Aid supplies
    - Adequate food and water
  - Personnel
    - Criminal Background Check
    - Availability of backup staff in case of emergency
  - Staff Training
    - Individual-specific needs
    - CPR/First Aid
    - Documentation requirements
    - Medication Administration and Training
    - Crisis Services
    - Incident Reporting

Description of the Regulatory Compliance/Quality Tools Used for Initial and Routine Monitoring of Contract Providers

- ***Cultural Competency Review Tool***
  - Use of the Cultural Competency Tool has been waived for all LME-MCOs during the first year of becoming a MCO.
  - The Cultural Competency Tool is being prepared for roll-out in consultation with Cardinal Innovations and will be posted soon.
  - The Cultural Competency Review Tool is used for Routine Monitoring and as part of Advanced Provider Profile Monitoring.

Review Tools for Licensed Independent Practitioners

- LIP Office Site Review Tool
- LIP Individual Service Plan Checklist
- LIP Review Tool
- LIP Post-Payment Review Tool

Description of Review Tools for Licensed Independent Practitioners

- ***LIP Office Site Review Tool***
  - Prior to the LME-MCO contracting with the LIP, an on-site review is conducted. The on-site review determines the extent to which the LIP is able to meet state standards in terms of compliance with rules, client rights, records management and documentation standards.
  - This review also looks at whether the LIP has a plan in place to address cultural competency in service delivery.

DHHS Licensed Independent Practitioner Office Site Review Tool

Cardinal Innovations Healthcare Solutions

INDEPENDENT PRACTITIONER NAME:	Mickey Joe Counseling Inc.
LOCATION:	220 West Cab St, Dean, NC
NAME OF REVIEWER(S):	Rick Right
REVIEW DATE(S):	3/1/2013
TYPE OF REVIEW:	Preliminary Status

REFERENCE:	ITE	REVIEW ITEM:	SCORE	COMMENTS
SECTION ONE - OFFICE SITE REVIEW ITEMS:				
State Standards, NCQA, ADA, Section 504 Rehabilitation Act	1.	Office location is accessible for individuals who have physical disabilities. Location is wheelchair	Not Met	Office site is not wheelchair accessible and provider does not have method
	2.	Office complies with applicable building, fire codes.	Met	
	3.	Adequate seating is available.	Met	
	4.	Office location has adequate lighting.	Met	
HIPAA/Confidentiality Requirements	5.	Office location has a separate waiting area away from treatment /therapy service areas.	Met	
	6.	Office location complies with HIPAA/Confidentiality requirements by ensuring privacy.	Not Met	Records are stored on bookshelf in office where session occurs.
	7.	Records are stored securely.	Not Met	Records are stored on bookshelf in office where session occurs.
	8.	Only authorized personnel have access to records.	Not Met	
	9.	Staff receive periodic training in confidentiality of member information.	Met	
NCQA & LME/MCO Requirements	10.	Practitoners have rights posted on their common area walls including how to contact NC state offices and "Disability Rights NC."	Met	
	11.	Office/practice hours are posted, and include 24 hour coverage, and after hours and/or emergency services contact information for individuals served by the practitioner.	Met	
	12.	Practitioner is prepared/equipped to provide services/ appointments for urgent care needs within	Met	
SECTION TWO - SERVICE RECORD REVIEW ITEMS:				
		Service record documentation supports the following:		
State Standards & Client Rights	13.	Individual's treatment plan, including goals. **[This item is automatically scored based on results from the LIP Service Plan Check List]**	Met	
	14.	Progress/treatment notes.	Met	
		Provider or practitioner can demonstrate evidence of the following treatment record standards:		
Compliance with Record Standards	15.	Confidentiality of recipient information.	Not Met	
	16.	Service orders are present.	Met	
		Treatment records include an admission assessment and screening that documents:		
Treatment Records & Documentation Standards	17.	Reason for admission, presenting problem.	Met	
	18.	Mental status exam.	Met	
	19.	Psychiatric history.	Met	
	20	Special status situations and suicide risk.	Met	
	21.	Medical history.	Met	
	22	Developmental/education history for minor.	Met	
	23	Medications.	Met	
	24	Allergies and adverse reactions.	Met	
	25	Preventive services/risk screening.	Met	
	26	Documentation of clinical findings and evaluation of each visit.	Met	

Total Met:	21
% Met:	81%
Total Not Met:	5
% Not Met:	19%
Total N/A	0

Description of Review Tools for Licensed Independent Practitioners

- ***LIP Individual Service Plan Checklist***
  - A mock record review is also a part of the on-site visit.
  - This mock record review helps determine the extent to which the LIP will need to be provided technical assistance in order to meet state standards for documentation, billing and reimbursement.

DHHS Licensed Independent Practitioner Individualized Service Plan Checklist

Cardinal Innovations Healthcare Solutions

INDEPENDENT PRACTITIONER NAME:	Mickey Joe Counseling Inc.
LOCATION:	220 West Cab St, Dean, NC
NAME OF REVIEWER(S):	Rick Right
REVIEW DATE(S):	3/1/2013
TYPE OF REVIEW:	Preliminary Status

ITE	REVIEW ITEM:	SCORE	COMMENTS
	Expansion of Item 13 on the Office Site Review Tool		
1.	An individualized plan of care, service plan, treatment plan, or Person Centered Plan, hearinafter referred to as "plan," consistent with and supportive of the service provided and within professional standards of practice, is required on or before the day the service is delivered. When the recipient is receiving multiple behavioral health services in addition to the services in this policy, a Person Centered Plan (PCP) must be developed with the recipient, and outpatient behavioral health services are to be incorporated into the recipient's Person Centered Plan.	Met	
2.	The plan shall be developed based on the assessment and in partnership with the client or legally responsible person or both as outlined in 10A NCAC 27G .0205(d).	Met	
3.	The plan shall include client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement.	Met	
4.	The plan shall include strategies.	Met	
5.	The plan shall include staff responsible.	Met	
6.	The plan shall include a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both.	Met	
7.	The plan shall include the basis for evaluation or assessment of outcome achievement.	Met	
8.	The plan shall include written concent or agreement by the client or responsible party, or written statement by the provider stating why such consent could not be obtained.	Met	
9.	When a plan is developed with the individual and his or her family, the plan shall be signed by the individual, the parent or legally responsible person as required, and the person developing the plan.	Met	
10.	For minors receiving outpatient substance abuse services, the plan shall include both the staff and the child or adolescent's signatures demonstrating the involvement of all parties in the development of the plan and the child or adolescent's consent or agreement to the plan. Consistent with N.C.G.S. § 90- 21.5, the plan may be implemented without parental consent when services are provided under the direction and supervision of a physician. When services are not provided under the direction and supervision of a physician, the plan shall also require the signature of the parent or guardian of the child or adolescent demonstrating the involvement of the parent or guardian in the development of the plan and the parent's	Met	

Total Met:	10
% Met:	100%
Total Not Met:	0
% Not Met:	0%
Total N/A	0
SCORE	Met

Description of Review Tools for Licensed Independent Practitioners

- ***LIP Review Tool***
  - This tool is used during the Initial/Implementation Review which occurs after the LIP has provided services for 90 days.
  - This tool is also used for all subsequent monitoring of the LIP.

DHHS Licensed Independent Practitioner Review Tool

Cardinal Innovations Healthcare Solutions

INDEPENDENT PRACTITIONER NAME:	Mickey Joe Counseling Inc.
LOCATION:	165 Mickey Lane, Raleigh, NC 22222
NAME OF REVIEWER(S):	Karen Lane and Barbara Best
REVIEW DATE(S):	###
TYPE OF REVIEW:	Preliminary Review

REFERENCE:	ITE	REVIEW ITEM:	1	2	3	4	5	6	7	8	9	10	# MET	% MET	# NOT MET	% NOT MET	# N/A
		SECTION ONE - SERVICE RECORD REVIEW ITEMS:															
		Service record documentation supports the following:															
State Standards & Client Rights	1.	Authorizations to release/disclose/exchange protected health information.	Met	Met	Met	Met							4	100%	0	0%	0
	2.	Accounting of all releases/disclosures of confidential health information.	Not Met	Not Met	Met	Not Met							1	25%	3	75%	0
	3.	Notification of client rights.	Met	Met	Met	Met							4	100%	0	0%	0
	4.	Notification of grievance procedure/process.	Met	Met	Met	Met							4	100%	0	0%	0
		Provider or practitioner can demonstrate evidence of the following treatment record standards:															
Compliance with Record Standards	5.	Treatment record content.	Met	Met	Met	Met							4	100%	0	0%	0
	6.	Treatment record organization.	Not Met	Not Met	Not Met	Not Met							0	0%	4	100%	0
	7.	Ease of retrieving treatment records.	Not Met	Not Met	Not Met	Not Met							0	0%	4	100%	0
		Treatment records include an admission assessment and screening that documents:															
Treatment Records & Documentation Standards	8.	Reason for admission, presenting problem.	Met	Met	Met	Met							4	100%	0	0%	0
	9.	Mental status exam.	Not Met	Not Met	Met	Not Met							1	25%	3	75%	0
	10.	Psychiatric history.	Met	Met	Met	Met							4	100%	0	0%	0
	11.	Special status situations and suicide risk.	Met	Met	Met	Met							4	100%	0	0%	0
	12.	Medical history.	Not Met	Met	Met	Met							3	75%	1	25%	0
	13.	Developmental/education history for minor.	N/A	N/A	N/A	N/A							0	0%	0	0%	4
	14.	Medications.	Not Met	Not Met	Not Met	Not Met							0	0%	4	100%	0
	15.	Allergies and adverse reactions.	Not Met	Met	Met	Met							3	75%	1	25%	0
	16.	Preventive services/risk screening.	Not Met	Not Met	Not Met	Not Met							0	0%	4	100%	0
	17.	Documentation of clinical findings and evaluation of each visit.	Met	Met	Met	Met							4	100%	0	0%	0
	18.	The results of the comprehensive clinical assessment [CCA] support the level of care [CALOCUS/CSAII, LOCUS, ASAM] for the treatment service	Met	Met	Met	Met							4	100%	0	0%	0
	19.	The individual's needs identified in the CCA meet the entrance criteria for outpatient treatment services as outlined in Section 3.2.1 in Clinical	Met	Met	Met	Met							4	100%	0	0%	0
	20.	At least one of the expected clinical outcomes outlined in Section 7.5 of CCP 8C is reflected in the individualized goals of the service plan.	Not Met	Met	Met	Not Met							2	50%	2	50%	0
	21.	There is documentation that coordination of care is occurring with both medical and non-medical providers involved with the individual receiving	Met	Not Met	Not Met	Met							2	50%	2	50%	0
		SECTION TWO - CULTURAL COMPETENCY PLAN:															
	22	Practitioner has developed and implemented a cultural competency plan.	Met	Met	Met	Met							4	100%	0	0%	0
		REVIEWER'S INITIALS:	KL	BB	KL	BB							-	-	-	-	-
		Total Met:	12	14	16	14	0	0	0	0	0	0					
		% Met:	57%	67%	76%	67%	0%	0%	0%	0%	0%	0%					
		Total Not Met:	9	7	5	7	0	0	0	0	0	0					
		% Not Met:	43%	33%	24%	33%	0%	0%	0%	0%	0%	0%					
		Total N/A	1	1	1	1	0	0	0	0	0	0					

COMMENTS:

Item # 6: Records provided for review were disorganized; notes were not organized by dates; provider had difficulty locating documents upon request. Item #9: Assessment template format includes Mental Status Exam, however this portion was not completed for records 1, 2 and 4. Item #14: Provider indicated that assessment form was recently revised, and "medications" were deleted in error.

Description of Review Tools for Licensed Independent Practitioners

- ***LIP Post-Payment Review Tool***
  - This tool is used to conduct post-payment reviews of the LIP.
  - A post-payment review is a part of all monitoring of the LIP once the LIP enters into a contract with the LME-MCO.

DHHS Post-Payment Review Tool for Licensed Independent Practitioners

Alliance Behavioral Healthcare

	INDEPENDENT PRACTITIONER NAME:	LIP Name										SCORE				
	NAME OF REVIEWER(S):	Reviewer1, Reviewer2														
	REVIEW DATE(S):	2/4/2013 to 2/5/2013														
ITE	REVIEW ITEM:	1	2	3	4	5	6	7	8	9	10	# MET	% MET	# NOT MET	% NOT MET	# N/A
1.	Is there a referral from an approved source prior to the date of service?	Not Met										0	0%	1	100%	0
	From date:	2/1/13														
	To date:	####														
2.	Is there a valid utilization management authorization for the service billed?											0	0%	0	0%	0
	From date:															
	To date:															
3.	Is there a signed consent for treatment prior to the date of service billed?											0	0%	0	0%	0
	From date:															
	To date:															
4.	Is there an appropriate service plan current for the date of service?											0	0%	0	0%	0
	From date:															
	To date:															
5.	Is there a valid service order for the service billed?											0	0%	0	0%	0
	From date:															
	To date:															
6.	Is there an appropriate service plan which identifies the type of service billed?											0	0%	0	0%	0
7.	Is the documentation signed by the person who delivered the service?											0	0%	0	0%	0
8.	Does the service note relate to the goal(s) listed in the service plan?											0	0%	0	0%	0
9.	Does the service documentation include an assessment of progress toward goals?											0	0%	0	0%	0
10.	Does the documentation reflect the specific service billed?											0	0%	0	0%	0
11.	Is the service note individualized specific to the date of service?											0	0%	0	0%	0
12.	Does the documentation reflect treatment for the duration of the service billed?											0	0%	0	0%	0
13.	Is there documentation that the staff is qualified to provide the service billed?	Met	N/A									1	100%	0	0%	1
	Staff Name:															
14.	Do the results of the comprehensive clinical assessment [CCA] support the level of care [CALOCUS/CSAII, LOCUS, ASAM] for the treatment service recommended?	Met	N/A									1	100%	0	0%	1
15.	Is there documentation that coordination of care is occurring with both medical and non-medical providers involved with the individual receiving services?	Met	N/A									1	100%	0	0%	1
	REVIEWER'S INITIALS:															
	Earliest "From date":	2/1/13														
	Latest "To date":	2/10/13														
	Total Met:	3	0	0	0	0	0	0	0	0	0					
	% Met:	75%	0%	0%	0%	0%	0%	0%	0%	0%	0%					
	Total Not Met:	1	0	0	0	0	0	0	0	0	0					
	% Not Met:	25%	0%	0%	0%	0%	0%	0%	0%	0%	0%					
	Total N/A	0	3	0	0	0	0	0	0	0	0					

Getting Your Toolkit Ready for Gold Star Monitoring

Planning the Monitoring Event

- Identify the agency
- Identify the date(s) of the on-site review
- Define the parameters for random sampling (using non-extrapolation)
  - Identify the date range (start date and end date) for the paid claims to be pulled
    - Go back 6 months from the date of the on-site. The first three months of this six-month period is the date range from which the sample will be pulled.
    - Example: On-site audit will take place: April 1 – 2, 2013
- To ensure clean (i.e., fully adjudicated) claims, go back six months to identify date range for audit
- The date range for the audit sample is from October 1, 2012 – December 31, 2012
- Identify the specific services the agency/LIP provides.

Sample Service Array

Earliest Observed Service Date	Most Recent Observed Service Date	County	Provider Name	Address	City	State	Procedure Code	Service
20100902	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H0040	ACTT
20100701	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100818	20111115	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100701	20110221	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100701	20130128	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100802	20100804	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100715	20130218	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100701	20121231	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100716	20110609	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100826	20120319	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100802	20130129	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100706	20120327	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100706	20110208	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100726	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2012HA	DAY TREATMENT CHILD
20101004	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2012HA	DAY TREATMENT CHILD
20100825	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2012HA	DAY TREATMENT CHILD
20101213	20110323	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	T1023	DIAGNOSTIC-ASSESSMENT
20101124	20111111	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	T1023	DIAGNOSTIC-ASSESSMENT
20101220	20120606	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	T1023	DIAGNOSTIC-ASSESSMENT
20101103	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2022	INTENSIVE-IN-HOME
20101018	20111115	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2022	INTENSIVE-IN-HOME
20100915	20130218	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2022	INTENSIVE-IN-HOME
20100703	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2022	INTENSIVE-IN-HOME
20101102	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2022	INTENSIVE-IN-HOME
20101025	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2022	INTENSIVE-IN-HOME

Earliest Observed Service Da	Most Recent Observed Service Da	County	Provider Name	Address	City	State	Procedure Code	Service
20100902	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				ACTT
20100701	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				COM-SUPPORT-TEAM
20100818	20111115	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				COM-SUPPORT-TEAM
20100701	20110221	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				COM-SUPPORT-TEAM
20100701	20130128	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				COM-SUPPORT-TEAM
20100802	20100804	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				COM-SUPPORT-TEAM
20100715	20130218	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				COM-SUPPORT-TEAM
20100701	20121231	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				COM-SUPPORT-TEAM
20100716	20110609	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				COM-SUPPORT-TEAM
20100826	20120319	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				COM-SUPPORT-TEAM
20100802	20130129	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				COM-SUPPORT-TEAM
20100706	20120327	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				COM-SUPPORT-TEAM
20100706	20110208	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				COM-SUPPORT-TEAM
20100726	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				DAY TREATMENT CHILD
20101004	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				DAY TREATMENT CHILD
20100825	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				DAY TREATMENT CHILD
20101213	20110323	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				DIAGNOSTIC-ASSESSMENT
20101124	20111111	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				DIAGNOSTIC-ASSESSMENT
20101220	20120606	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				DIAGNOSTIC-ASSESSMENT
20101103	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				INTENSIVE-IN-HOME
20101018	20111115	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				INTENSIVE-IN-HOME
20100915	20130218	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				INTENSIVE-IN-HOME
20100703	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				INTENSIVE-IN-HOME
20101102	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				INTENSIVE-IN-HOME
20101025	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				INTENSIVE-IN-HOME
20100802	20130215	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				INTENSIVE-IN-HOME
20101119	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				INTENSIVE-IN-HOME

Sheet1 | state print sum01 | data file notes | **provider data in** | by client co

Sort A to Z
Sort Z to A
Sort by Color
Clear Filter From "Procedure Code"
Filter by Color
Text Filters
Search

- (Select All)
- H0015
- H0032
- H0036
- H0036HA
- H0036HAHN
- H0036HAHO
- H0036HAHP
- H0036HAU3
- H0036HAU4
- H0036HAUB
- H0036HB
- H0036HBHN
- H0036HBHO
- H0036HBHP
- H0036HBU3
- H0036HBU4
- H0036HBUB
- H0036HQ
- H0036HQU3
- H0036HQU4
- H0036HQU8
- H0040

OK | Cancel

100%

Earliest Observed Service Da	Most Recent Observed Service Da	County	Provider Name	Address	City	State	Procedure Code	Service
20100902	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100701	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100818	20111115	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100701	20110221	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100701	20130128	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100802	20100804	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100715	20130218	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100701	20121231	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100716	20110609	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100826	20120319	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100802	20130129	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100706	20120327	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100706	20110208	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100726	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20101004	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100825	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20101213	20110323	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20101124	20111111	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20101220	20120606	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20101103	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20101018	20111115	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100915	20130218	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100703	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20101102	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20101025	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100802	20130215	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		

Sheet1 | state print sum01 | data file notes | **provider data in** | by client county month part

Sort A to Z
Sort Z to A
Sort by Color
Clear Filter From "Service"
Filter by Color
Text Filters
Search

- (Select All)
- ACTT
- CBS PROF IND
- COM-SUPPORT-ADULT
- COM-SUPPORT-ADULT-NQP
- COM-SUPPORT-ADULT-QP
- COM-SUPPORT-CHILD
- COM-SUPPORT-CHILD-NQP
- COM-SUPPORT-CHILD-QP
- COM-SUPPORT-TEAM
- COM-SUPPRT-ADULT-AP
- COM-SUPPRT-ADULT-PP
- COM-SUPPRT-ADULT-QPL
- COM-SUPPRT-ADULT-QPU
- COM-SUPPRT-CHILD-AP
- COM-SUPPRT-CHILD-PP
- COM-SUPPRT-CHILD-QPL
- COM-SUPPRT-CHILD-QPU
- COM-SUPPRT-GROUP-QPL
- COM-SUPPRT-GRP
- COM-SUPPRT-GRP-NQP
- COM-SUPPRT-GRP-QP
- DAY TREATMENT CHILD

OK | Cancel

Planning the Monitoring Event

- Identify the specific services the agency/LIP provides.

- For large agencies that provide multiple services, you may need to bundle certain services (e.g., outpatient services) in order to get a full array of services
    - Select at least one service from each of the service types the agency or LIP provides.
    - For non-extrapolation, the sample size for Initial Reviews is ten (10) and the sample size for Routine Reviews is thirty (30).

- Complete the Workbook Setup Information (Green Tab)

Workbook Set-Up Information

Enter the information requested in the yellow highlighted cells in Column B.
Information entered here will automatically be entered in all applicable worksheets in this workbook.

Workbook Set-up Information	
LME/MCO:	Cardinal Innovations Healthcare Solutions
PROVIDER NAME:	Right Way, Inc.
FACILITY NAME (Service Site):	Russell Home; Jones Place; Story Road
LOCATION (Address):	52266 Lake Road, Center NC 23555
NPI #:	552266221
PROVIDER #:	155454
MHL #:	ML552185
NAME OF REVIEWER(S):	Barbara Best and Susie Smith
BEGIN REVIEW DATE:	2/8/2013
END REVIEW DATE:	2/8/2013
TYPE OF REVIEW:	Routine

Planning the Monitoring Event

- Decide on the regulatory compliance/quality tools and the post-payment review tools to be used during the review based on the range of services the agency/LIP provides.

Example:

H0040	ACTT
H2015HT	Community Support Team
H2012HA	Day Treatment
T1023	Diagnostic Assessment
H2022	Intensive In-Home
H0015	SAIOP
H2017	PSR

Tools in this Workbook

Indicate in Column B the tools that are applicable for this review.	
Tools in this Workbook	**Applicable (Yes/No)**
Rights Notification and Funds Management Review Tool	**Yes**
Records Review	**Yes**
Personnel Review	**Yes**
Medication Review	**No**
Health, Safety, and Compliance Review	**Yes**
Health and Safety Review Tool for Unlicensed AFL Facilities	**No**
Post-Payment Review Tool for Providers (Generic)	**No**
Post-Payment Review Tool for Innovations Waiver Service Providers	**Yes**
Post-Payment Review Tool for Providers (Outpatient Opioid Treatment)	**No**
Post-Payment Review Tool for Providers (Diagnostic Assessment)	**No**
Post-Payment Review Tool for Providers (Residential Providers Excluding PRTF)	**Yes**
Post-Payment Review Tool for Providers (Day Treatment)	**Yes**
Post-Payment Review Tool for Providers (PRTF)	**No**

Planning the Monitoring Event

- If any of the services provided are licensed services, check the DHSR survey log to document the dates and results of the mental health licensure survey. Enter this information on the Workbook Setup worksheet.

Licensed MH/DD/SA Services and Frequency of Surveys Conducted by DHSR Mental Health Licensure and Certification Section
Survey Categories & Types of Surveys Conducted
January 2013

			Type of Survey		
Service Category	**Name of Service**	**Residential or Day**	**Annual (w/n 15 mo.)**	**Complaint**	**Follow-Up**
.1100 Partial hospitalization-Individuals-Acute MI	Partial Hospital	Day		X	X
.1200 Psychosocial Rehab-Individuals-SPMI	Psychosocial Rehabilitation	Day		X	X
.1300 Residential treatment-Minors—Level II	Residential Treatment Level II	Residential	X	X	X
.1400 Day treatment-Minors-MI	Child and Adoldescent Day Treatment	Day		X	X
.1700 Residential Tx Staff Secure-Minors-Level III	Residential Treatment Level III	Residential	X	X	X
.1800 Intensive Residential Tx-Minors-Level IV	Residential Treatment Level IV	Residential	X	X	X
.1900 PRTF – PRTF-Minors	Psychiatric Residential Treatment Facility (PRTF)	Residential	X	X	X
.2100 Specialized community residential for individuals with developmental disabilities	Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities	Residential	X	X	X
.2200 Before/after school & summer-Minors-IDD	Before and After School Day Care Program Operated by NC Public Schools	Day		X	X
.2300 ADVP-IDD	Adult Day Vocational Program	Day		X	X
.2400 Day Services for children-IDD	Developmental Day Care Program	Day		X	X
.3100 Non-hospital med detox	Non-Hospital Medical Detoxification	Residential	X	X	X
.3200 Social setting detox-SA	Social Setting Detox	Residential	X	X	X
.3300 Outpatient detoxification-SA	Ambulatory Detoxification	Day		X	X
.3400 Residential treatment-SA	Medically Monitored Community Residential Treatment; Residential Recovery Program for Adolescents	Residential	X	X	X
.3500 Outpatient-Individuals with SA	Substance Abuse Outpatient Facility	Day		X	X
.3600 Outpatient narcotic addiction treatment	Opiod Treatment	Day	X	X	X
.3700 Day treatment-Adults-SA	Day Treatment for SA	Day		X	X
.4100 Therapeutic res-Adults/Child	Non-Medical Community Residential Treatment (NMCRT)	Residential	X	X	X
.4300 Therapeutic Community-Adults-SA	Supervised Therapeutic Community	Residential	X	X	X
.4400 SAIOP	SA Intensive Outpatient Program (SAIOP)	Day		X	X
.4500 SACOT	SA Comprehensive Outpatient Treatment (SACOT)	Day		X	X
.5000 Facility based crisis-All disability groups	Facility-Based Crisis Services	Residential	X	X	X
.5100 Community respite-All disability	Community Respite	Residential	X	X	X
.5200 Residential camps-Minors	Residential Therapeutic (Habilitative) Camp; Wilderness Camp	Residential	X	X	X
.5400 Day activity-All disability	Day Activity	Day		X	X
.5500 Sheltered Workshops-All disability	Community Rehabilitation Program	Day		X	X
.5600**A** Group homes-Adults-MI	Supervised Living MI Adult	Residential	X	X	X
.5600**B** Group homes-Minors-IDD	Supervised Living DD Minor	Residential	X	X	X
.5600**C** Group homes-Adults-IDD	Supervised Living DD Adult	Residential	X	X	X
.5600**D** Group homes-Minors-SA	Supervised Living SA Minor	Residential	X	X	X
.5600**E** Adult Halfway House-SA	Supervised Living SA Adult	Residential	X	X	X
.5600**F** Alternative family living	Supervised Living/Alternative Family Living	Residential	X	X	X

Documentation of DHSR Survey Results

Enter the information requested below (if applicable) for internal LME-MCO use only. To be used by the LME-MCO in accordance with monitoring guidelines to determine which tools are required.	
Date of most recent DHSR Survey:	11/1/2013
Service Category (See "Frequency-Licensed Surveys" worksheet):	.1700 Residential Tx Staff Secure-Minors-Level III
Type of DHSR Survey:	Annual
DHSR Survey Findings:	Type B

Enter the information requested below (if applicable) for internal LME-MCO use only. To be used by the LME-MCO in accordance with monitoring guidelines to determine which tools are required.	
Date of most recent DHSR Survey:	11/1/2010
Service Category (See "Frequency-Licensed Surveys" worksheet):	.1400 Day treatment-Minors-MI
Type of DHSR Survey:	Follow-Up
DHSR Survey Findings:	Type A

Planning the Monitoring Event

- Complete the Individual Record worksheet (Purple tab)

Individual Records List

Use this worksheet to list individual records to be reviewed

CAUTION: This worksheet contains PHI and requires the file to be stored in a secure location and encrypted/password protected prior to emailing.

Provider Name:	Right Way, Inc.
Facility Name:	Russell Home; Jones Place; Story Road
Location:	52266 Lake Road, Center NC 23555
NPI #:	552266221
Provider #:	155454

Record	Services Reviewed	Review Date	Reviewer	Individual's Name	Date of Birth	Record #	Type of Review
1	Residential	2/8/2013	Barbara Best	Donald Duck	06/09/99	552112	Routine
2	Innovations-Respite, Innovations- Day Supports	2/8/2013	Susie Smith	Harrison Ford	1/31/1980	7654	Routine
3	Day Treatment	2/8/2013	Barbara Best	Mickey Mouse	05/02/00	212121	Routine
4	Residential	2/8/2013	Susie Smith	Betty Boop	12/01/03	21212	Routine
5							
6							
7							
8							
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Staff Qual PRTF | OVERALL SUMMARY | **Individual Records List** | Personnel List | Post-Payment Review List | Data Extraction

Planning the Monitoring Event

- Complete the Personnel List Worksheet (Purple tab)

Personnel List

Use this worksheet to list personnel records to be reviewed

Provider Name:	Right Way, Inc.
Facility Name:	Russell Home; Jones Place; Story Road
Location:	52266 Lake Road, Center NC 23555
NPI #:	552266221
Provider #:	155454

Record	Services Provided	Review Date	Reviewer	Staff Reviewed	Staff Title of Position	Type of Review
1	Residential	02/08/13	Barbara Best	Derek Jeter	Paraprofessional	Routine
2	Residential	02/08/13	Barbara Best	Bob Barker	Associate Professional	Routine
3	Day Treatment	02/08/13	Susie Smith	Fred Flintstone	Associate Professional	Routine
4	Innovations-Respite	02/08/13	Barbara Best	Indiana Jones	Paraprofessional	Routine
5	Day Treatment	02/08/13	Susie Smith	Bugs Bunny	Associate Professional	Routine
6	Innovations-Day Supports	02/08/13	Susie Smith	Wile E. Coyote	Associate Professional	Routine
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Staff Qual PRTF | OVERALL SUMMARY | Individual Records List | **Personnel List** | Post-Payment Review List | Data Extraction

Planning the Monitoring Event

- Complete the Post-Payment Review List Worksheet (Purple tab)

Post-Payment Review List

Use this worksheet to list records to be reviewed during the Post-Payment review

CAUTION: This worksheet contains PHI and requires the file to be stored in a secure location and encrypted/password protected prior to emailing.

Provider Name:	Right Way, Inc.
Facility Name:	Russell Home; Jones Place; Story Road
Location:	52266 Lake Road, Center NC 23555
NPI #:	552266221
Provider #:	155454

Record	Service Type	Review/Audit Date	Reviewer/Auditor	Individual's Name	Date of Birth	Control #	Record #	Date of Service	Units Billed	PROC Code	Waiver
1	Residential	02/08/13	Barbara Best	Donald Duck	06/09/99	1	552112	10/4/2012	1	H0017	
2	Residential	02/08/13	Barbara Best	Donald Duck	06/09/99	2	552112	12/3/2013	1	H0017	
3	Innovations-Respite	02/08/13	Susie Smith	Harrison Ford	1/31/1980	3	7654	12/28/2012	1	S5150	
4	Day Treatment	02/08/13	Barbara Best	Mickey Mouse	05/02/00	4	212121	11/30/2012	1	H2012	
5	Innovations-Day Supports	02/08/13	Susie Smith	Harrison Ford	1/31/1980	5	7654	11/9/2012	1	T2021	
6	Day Treatment	02/08/13	Barbara Best	Mickey Mouse	05/02/00	6	212121	12/4/2012	1	H2012	
7	Day Treatment	02/08/13	Barbara Best	Mickey Mouse	05/02/00	7	212121	12/21/2012	1	H2012	
8	Residential	02/08/13	Susie Smith	Betty Boop	12/01/03	8	21212	10/25/2012	1	H0017	
9	Residential	02/08/13	Susie Smith	Betty Boop	12/01/03	9	21212	11/4/2012	1	H0017	
10	Residential	02/08/13	Susie Smith	Betty Boop	12/01/03	10	21212	12/10/2012	1	H0017	
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Staff Qual PRTF | OVERALL SUMMARY | Individual Records List | Personnel List | **Post-Payment Review List** | Data Extraction

Planning the Monitoring Event

- Assign review team members to assure each paid claim in the sample is monitored. This includes using any special tools based on the services the individual received (e.g., medication administration).

- Review guidelines for the scoring of assigned tools.

The On-Site Review

- Complete each regulatory compliance /quality review tool (Orange tabs) based on the range of services provided by the agency/LIP and the characteristics of the individuals included in the sample.
  - Example: The Medication Review Tool is used if the program administers medication to the individual while the person is in the provider's care or the Funds Management section of the Rights Notification and Funds Management Review Tool is completed if the program manages the individual's money.
  - Regulatory Compliance /Quality Review Tools
    - Rights Notification and Funds Management
    - Record Review
    - Personnel Review
    - Medication Review
    - Health, Safety, Compliance Review
    - AFL Health and Safety Review
    - Cultural Competency

The On-Site Review

- Use the drop-down menu to score each item on the tools as either Met, Not Met or N/A.
- In the comments section, provide an explanation for each non-compliance. Obtain copies of all documentation to support non-compliances to be scanned into the tool.
- Each reviewer puts their initials in the designated space for every tool completed.

Overall Summary of Results

- The Overall Summary worksheet (Gray tab) gives an itemized listing of the provider's performance on each tool for both the regulatory compliance /quality tools and the post-payment review tools.

DHHS Provider Review Overall Summary of Results

Cardinal Innovations Healthcare Solutions

PROVIDER NAME:	Right Way, Inc.	MHL #:	ML552185
FACILITY NAME:	Russell Home; Jones Place; Story Road	TYPE OF REVIEW:	Routine
LOCATION:	52266 Lake Road, Center NC 23555	REVIEW DATE(S):	2/8/2013
NPI # / PROVIDER #:	552266221 / 155454	NAME OF REVIEWER(S):	Barbara Best and Susie Smith

Health, Safety, and Compliance Review

	# Scorable Items	# N/A	# Met	# Not Met	% Met
1 Medical preparedness plan to be utilized in a medical emergency.	0	0	0	0	0%
2 Written fire plan for the facility.	0	0	0	0	0%
3 Fire plan and disaster plans are available to staff.	0	0	0	0	0%
4 Fire and disaster drills completed quarterly.	0	0	0	0	0%
5 Fire and disaster drills are conducted under conditions that simulate real emergencies.	0	0	0	0	0%
6 First aid supplies are available and accessible for use.	0	0	0	0	0%
7 Evidence that meals/food/water are available/provided based on staff and/or report of individuals served and visual confirmation.	0	0	0	0	0%
8 Transportation including accessibility of emergency info for an individual. Vehicle has equipment to meet physical needs.	0	0	0	0	0%
9 Facility/grounds are safe, clean and free from offensive odors/insects/rodents.	0	0	0	0	0%
10 All hallways, doorways, entrances, ramps, steps and corridors shall be kept clear and unobstructed at all times.	0	0	0	0	0%
11 Accommodations for staff/guests are separate from bedrooms of individuals receiving services.	0	0	0	0	0%
12 Emergency info/first aid/CPR/poison control protocol or numbers are posted or easily accessible for staff and individuals to utilize.	0	0	0	0	0%
13 Carbon monoxide [CO] monitor is utilized in the facility if appropriate.	0	0	0	0	0%
14 All incidents are reported and submitted within state timeframes, follow-up is conducted, and recommendations are implemented.	0	0	0	0	0%
15 Level I Quarterly reports are submitted within state timeframes and no POC required.	0	0	0	0	0%
16 Provider identifies patterns and trends on the utilization of restrictive intervention.	0	0	0	0	0%
17 Provider has developed and implemented policies and procedures for receiving and handling complaints.	0	0	0	0	0%
18 The provider is responsive to complaints it receives per policy and procedure time lines.	0	0	0	0	0%
TOTAL	**0**	**0**	**0**	**0**	**0%**

DHHS Provider Review Overall Summary of Results

Cardinal Innovations Healthcare Solutions

PROVIDER NAME:	Right Way, Inc.	MHL #:	ML552185
FACILITY NAME:	Russell Home; Jones Place; Story Road	TYPE OF REVIEW:	Routine
LOCATION:	52266 Lake Road, Center NC 23555	REVIEW DATE(S):	2/8/2013
NPI # / PROVIDER #:	552266221 / 155454	NAME OF REVIEWER(S):	Barbara Best and Susie Smith

Post-Payment Review Tool for Providers (Generic)

	# Scorable Records	# N/A	# Met	# Not Met	% Met
1 Is there a valid utilization management authorization for the service billed?	0	0	0	0	0%
2 Is there a valid service order for the service billed?	0	0	0	0	0%
3 Is there an appropriate service plan current for the date of service?	0	0	0	0	0%
4 Is there an appropriate service plan which identifies the type of service billed?	0	0	0	0	0%
5 Is the PCP individualized for the person receiving the service?	0	0	0	0	0%
6 Does the crisis plan include the required elements?	0	0	0	0	0%
7 Is the documentation signed by the person who delivered the service?	0	0	0	0	0%
8 Does the service note or grid relate to the goal(s) listed in the service plan?	0	0	0	0	0%
9 Does the documentation indicate that the requirements of the service definition/rule were met?	0	0	0	0	0%
10 Does the documentation reflect treatment for the duration of the service billed?	0	0	0	0	0%
11 Does the documentation include an assessment of progress toward goals?	0	0	0	0	0%
12 Is the service note individualized specific to the date of service?	0	0	0	0	0%
13 Do the units billed correspond to the duration documented on the service note?	0	0	0	0	0%
14 Is there documentation that the staff is qualified to provide the service billed?	0	0	0	0	0%
15 Is there an individualized supervision plan in place for paraprofessional and/or associate professional staff?	0	0	0	0	0%
16 Is the staff supervision plan implemented as written?	0	0	0	0	0%
17 Was there a Health Care Registry check completed for the staff prior to this event's date of service [unlicensed employees only]?	0	0	0	0	0%
18 Did the provider agency require disclosure of any criminal conviction by the staff person(s) who provided this service?	0	0	0	0	0%
19 Was the appropriate criminal record check completed prior to this date of service?	0	0	0	0	0%
TOTAL	**0**	**0**	**0**	**0**	**0%**

Overall Summary of Results

- The Overall Results are tabulated where the overall score takes into account performance on the quality measures and the post-payment review tools.

- The scores on the worksheet are color-coded to indicate whether the provider met the requirements of an item on the tool of whether the provider's overall performance met the threshold for successfully passing the review.

Overall Summary of Results

DHHS Provider Review Overall Summary of Results

Cardinal Innovations Healthcare Solutions

PROVIDER NAME:	Right Way, Inc.	MHL #:	ML552185
FACILITY NAME:	Russell Home; Jones Place; Story Road	TYPE OF REVIEW:	Routine
LOCATION:	52266 Lake Road, Center NC 23555	REVIEW DATE(S):	2/8/2013
NPI # / PROVIDER #:	552266221 / 155454	NAME OF REVIEWER(S):	Barbara Best and Susie Smith

Provider Review Overall Results

	# Scorable Records / Items	# N/A	# Met	# Not Met	% Met
Summary Results For All Items Reviewed (Other Than Post-Payment Reviews)	100	2	89	11	89.0%
Summary Results For All Post-Payment Review Items	175	2	163	12	93.1%
Summary Results For All Items Reviewed	275	4	252	23	91.6%

PROVIDER MET THE 85% THRESHOLD

Note:
Scorable records or items do not include those determined to be N/A.
Scorable records or items Met and Overall Results that Met the 85% Threshold are shaded green.
Scorable records or items Not Met and Overall Results that Did Not Meet the 85% Threshold are shaded pink.
Items scored as Not Met require corrective action.

Self-Assessment

Are you able to ….

- Discuss the goals of Gold Star Monitoring?
- Identify the categories of providers?
- Identify the phases of Gold Star Monitoring?
- Explain the special features of the Gold Star Tools?
- Describe the Gold Star tools used for Initial and Routine Regulatory Compliance and Quality Monitoring?
- Identify the factors that determine which tools will be used during a particular monitoring event?

Self-Assessment

Are you able to ….

- Identify the steps in planning a monitoring event?
- Utilize the guidelines and other resource materials (e.g., worksheets, reference sheets) to assist in completing the monitoring tools?
- Explain the results of a monitoring event to the provider using the Gold Star tools?
- Practice applying the information gained during this webinar by completing the mock monitoring event posted on the Provider Monitoring web page (Take-Home Exercise)?

http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm

Follow-up

- The Provider Monitoring web page is designed to be a resource for gaining facility in using the Gold Star Monitoring Tools.
- The Provider Monitoring web page is continually updated with new material. Please check the announcements page periodically to see what new information has been posted to the Provider Monitoring web page.

http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm

Follow-up

- Please send any questions or comments about the Gold Star Provider Monitoring Tools or process to the following mailbox:

  gold.star.provider.monitoring@dhhs.nc.gov

  or to

  provider.monitoring@dhhs.nc.gov