

**NC Division of Mental Health, Developmental Disabilities &
Substance Abuse Services**

**SFY 2019
State & Federal-Funded
Clinical Monitoring Guidelines**

Adult SUD & MH Block Grant and State-Funded Clinical Monitoring Guidelines

I. Purpose of Review and the Regulatory Authority:

The clinical monitoring is conducted to ensure compliance with the requirements of 45 CFR Part 96, Subpart I, the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and 42 USC Part B, Subpart I, Block Grants for Community Mental Health Services (CMHSBG) and G.S. §122C-112.1.

II. Focus of the Review:

- a) SFY 2019 clinical monitoring will focus on the review of persons identified in the LME-MCO contract as high priority/high risk populations to determine if those individuals: received care coordination based on the parameters set forth in the current contract, received referrals to approved follow up services and follow up within 30 days of discharge. The following LME-MCO contract provisions will apply:

9.1 Care Coordination Functions

The LME/MCO will collaborate with the discharging facility to schedule follow-up appointments for consumers who have been provided services in inpatient hospital units, facility-based crisis services, and non-hospital medical detoxification services within seven (7) calendar days of discharge. The LME/MCO will attempt to contact consumers who do not attend scheduled appointments within five (5) calendar days of the missed appointment.

4.3.1 Follow-Up after Discharge from a State Psychiatric Hospital

Measure: The percent of persons discharged from a State psychiatric hospital who receive a community-based service within seven calendar days.

Source: HEARTS and claims/encounters

4.3.2 Follow-Up after Discharge from State Alcohol and Drug Abuse Treatment Center

Measure: The percent of persons discharged from ADATCs who receive a community-based service within seven calendar days.

Source: HEARTS and claims/encounters

4.3.3 Follow-Up after Discharge from Community Mental Health Inpatient Treatment

Measure: The percent of persons discharged from a community hospital for mental health treatment who receive a community-based outpatient visit, intensive outpatient encounter or partial hospitalization service within seven calendar days and within 30 calendar days.

Source: Claims/Encounters

4.3.4 Follow-Up after Discharge from Community Substance Use Disorder Inpatient Treatment

Measure: The percent of persons discharged from an inpatient facility for substance use disorder treatment who receive a community-based outpatient visit, intensive outpatient encounter or partial hospitalization service within seven calendar days and within 30 calendar days.

Source: Claims/Encounters

4.3.5 Follow-Up after Discharge from a Community Crisis Service

Measure: The percent of persons discharged from a community-based crisis service (emergency department, mobile crisis management, **facility-based crisis, and detox**) who receive a community-based or State facility service within three calendar days.

Source: Claims/Encounters

- b) LME-MCO policies/procedures & protocols submitted in response to SFY 2018 clinical monitoring POC and/or TA will be reviewed in addition to the LME-MCO record review. The purpose of this review will be to determine if: 1) the policies/procedures & protocols were implemented and 2) if such policies/procedures & protocols effectively addressed the compliance issue.

III. **Sample Selection:**

- a) For the 2019 clinical monitoring, the sample selection will look at: adults with a substance use disorder (SUD) or with a mental health (MH) disorder who were discharged from a State psychiatric hospital, ADATC, community psychiatric hospital, facility-based crisis program, or non-hospital medical detoxification service with paid claims based on LME-MCO POC implementation dates.
- b) LME-MCO policies/procedures & protocols submitted in response to SFY 2018 clinical monitoring POS and/or TA will be reviewed to determine if: 1) the policies/procedures & protocols were implemented and 2) if such policies/procedures & protocols effectively addressed the compliance issue.

IV. LME-MCO Record & Policy Review:

a) Care Coordination Eligibility Criteria:

The criteria for care coordination per the LME-MCO DMH/DD/SAS contract is: *The LME/MCO will collaborate with the discharging facility to schedule follow-up appointments for consumers who are being discharged from State facilities or who have been provided services in inpatient hospital units, facility- based crisis services, and non-hospital medical detoxification services within seven (7) calendars days of discharge. The LME/MCO will attempt to contact consumers who do not attend scheduled appointments within five (5) calendar days of the missed appointment.*

The reviewer will review documentation in the consumer’s LME-MCO record to determine if there is evidence that:

- the individual received care coordination during admission and after discharge,
- follow-up appointments were scheduled within 7 days of discharge,
- follow-up appointment for missed appointments was attempted within five days,
- service authorizations were in place for approved services post discharge
- follow up after discharge from state psychiatric hospitals, ADATCs, community MH inpatient treatment, community SUD inpatient treatment, community crisis services (FBC & detox services)

LME-MCO Record Documentation To Be Reviewed:

- Comprehensive Clinical Assessment (CCA)
- Psychiatric Evaluation
- PCP or Service Plan
- Crisis Plan, when applicable
- SAR/TARs
- Care Coordination Plan
- Care Coordination Notes
- Discharge Plan for each Inpatient/FBC/Detox stay
- Any other supporting documentation

b) LME-MCO Policy/Procedure & Protocols (Submitted for Plan of Correction or Technical Assistance):

LME-MCO policies/procedures & protocols submitted in response to SFY 2018 clinical monitoring POS and/or TA will be reviewed to determine if: 1) the policies/procedures & protocols were implemented and 2) if such policies/procedures & protocols effectively addressed the compliance issue.

Evidence of implementation may include the following:

- Staff training
- New software to identify care coordination function and needs
- Updated/revised job descriptions
- Minutes from clinical and/or management meetings re: care coordination policy/procedure/protocol implementation
- Other LME-MCO documentation that indicates implementation of POC

Implementation Verification:

- LME-MCO Care Coordination record review

V. Division of MH/DD/SAS and LME-MCO Staff for Monitoring Process:

- Division Adult MH/SUD Clinical Monitoring Staff:
 - 1 Team Lead & 2 Reviewers
- LME-MCO Staff:
 - 3 LME-MCO staff familiar with MH/SUD