



## Agency Monitoring Changes FAQ's

Question/Comment	Response
1 When Agency (Routine) Monitoring is retired effective (July 3, 2017), and I have a POC – does it have to be resolved?	Yes, all POCs must be resolved. Once this occurs, there should be no further review with the DHHS Agency Tool for provider agencies that are Nationally Accredited.
2 Will the LME/MCO still use the agency (routine) monitoring tool?	The Department will no longer host the agency monitoring tool on the website. LME/MCOs may opt to adopt the tool for use, but it will not be a standardized Department tool.
3 Will the LME/MCO still use the DHHS LIP Review Tool, DHHS New Unlicensed Site Review Tool, and DHHS Unlicensed AFL Review Tool?	Yes.
4 Will the DHHS LIP Review Tool, DHHS New Unlicensed Site Review Tool, and the DHHS Unlicensed AFL Review Tool remain on the state website?	Yes.
5 What if I am licensed by DHSR, but not required to be nationally accredited – how will my agency be monitored?	If your agency does not receive a full (annual) survey by DHSR at least every two years, the LME/MCO will be responsible for ensuring monitoring every two years.
6 Who do I contact if the LME/MCO attempts to schedule an agency (routine) monitoring after July 3?	If this does occur, the provider should contact their designated representative within the LME/MCO and review the LME/MCO Communication J#254. If the LME/MCO still deems an agency (routine) monitoring must occur, technical assistance from DMH should be sought.
7 How will the LME/MCO know if a provider is accredited, and is in good standing?	Every provider must send their award of accreditation to the LME/MCO within 30 days of receipt. If the accreditation is for two or more years, only the official notification is required. Anything less than two years, requires submission of all findings of the accrediting body.
8 What if a provider is only provisionally accredited – will they receive agency (routine) monitoring?	No. However, the provider must submit all of the accrediting bodies' findings to the LME/MCO. Upon review, it will be the LME/MCOs responsibility to determine if additional monitoring (for cause) is needed (this may occur in the form of targeted /focused or quality of care) as it is their contractual responsibility to manage their Networks.
9 Will there be any change in practice/process by DHSR for licensed/accredited providers?	No.



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10 What types of monitoring will the LME/MCO be responsible for conducting?	It is the LME/MCO's responsibility to manage their Networks. In doing so, they have the authority to complete monitoring when there is a determined cause, a quality of care concern, potential health and safety concern, and a two-year monitoring for any provider/service that is not licensed and/or accredited. Also, post payment reviews are conducted on a two-year cycle.
11 Why was agency (routine) monitoring eliminated?	To move the system from a compliance based to an enhanced outcome based focus, reduce duplication of effort, decrease excessive administrative burden, and to allow for the redistribution of current resources.
12 How often will post payment reviews (PPR) be conducted?	PPRs will continue on the current/present rolling two year schedule (e.g. if a provider received a PPR in June, 2017 then their next review should occur in June of 2019.)
13 If there is a complaint against my company will that result in an agency (routine) monitoring or just a review specific to the complaint?	The review by the LME/MCO will be specific to the complaint.
14 Specific to the addition of the Access elements, services are identified, is First Responder included as part of the review of this element?	The Access guidelines are only reflective of when the elements apply, and do not correlate to First Responder responsibilities.
15 Will LME/MCOs still need to review providers using the post payment tool on a two year cycle?	Yes.
16 Does annual DHSR survey mean they conduct a survey every year?	No, but there must be evidence on a two year cycle that DHSR has visited an agency and completed an "annual/full survey".
17 Will the rolling schedule for Post Payment Reviews (PPR) restart as of July 3 with this effective change?	No, PPR will remain on their current schedule.
18 If I have to be reviewed by the LME/MCOs as I am not accredited or did not receive a DHSR review in the two year timeframe, which tool will the LME/MCO use?	DHHS has recommended adoption of the current agency tool (effective 8/10/16) to ensure a streamlined process across the State, however ultimately it is the decision of the LME/MCO how this monitoring will occur.
19 If the LME/MCO does not use the recommended tool, does the State have to approve the tool they choose to use?	No.



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20	If a provider only has service specific accreditation will the remaining services need to be reviewed by the LME/MCO?	If the accreditation award only applies to the specific service(s) accredited, then any other services that are not licensed or accredited would need to be reviewed by the LME/MCO.
21	If the LME/MCO has questions about the tool, going forward, who should they contact.	Refer to LME/MCO Communication Bulletin - #254.
22	Who should the provider contact if they have questions about the process or tool?	Providers are to contact the appropriate point of contact within the specific LME/MCO(s).
23	Will there still be a provider survey regarding monitoring?	DHHS will no longer host a provider survey link, however the LME/MCO may opt to continue a survey process.
24	If an agency has outpatient services as part of their array, and is accredited, will the LME/MCO use the LIP tool to review?	No.
25	Does DHSR expect the LME/MCOs to follow up on any DHSR POCs the providers may have had with them if they are not resolved by July 3, 2017?	No, the reference to the POCs is specific only to the Agency (Routine) Monitoring that has been conducted by the LME/MCOs prior to July 3, 2017.
26	As part of the re-credentialing process, if a provider has a two-year (or more) accreditation certificate, does this mean the LME/MCOs do not need to do an on-site visit with the provider agency?	Any provider that is Nationally Accredited for two or more years will no longer be monitored on a two-year cycle with the DHHS Agency (Routine) Monitoring Tool currently posted to the DHHS website. The credentialing/re-credentialing process has never been a "component" of the Agency (Routine) Process that is currently in effect.
27	Will the staff qualification tool remain in the workbook?	Yes, staff qualification(s) continues to be part of the post payment review process.
28	How do we provide accreditation information to the LME/MCO(s) initially to ensure they have the needed information moving forward?	Any provider that has not shared either a certificate/letter or findings in accordance with the timeframes, as outlined in JCB #254 should provide this information to the appropriate point of contact no later than July 31, 2017.
29	Will the new tools be ready on July 3 <sup>rd</sup> ?	Yes.
30	For urgent, emergent and routine who selects the sample?	The LME-MCO is responsible.
31	Specific to wait times, it that for the initial appointment or any appointment?	The initial appointment.



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32	Is there any way to let providers know ahead of time of the access changes and then implement?	The access requirements are not new, and should be familiar to providers in all the Networks as they are in CFR. The highest level of action for these items will be POC.