Introduction

• Welcome

• Housekeeping Details
  - Webinar is for LME-MCO staff only.
  - Attendance: Email LME.Monitoring@dhhs.nc.gov, subject line: Webinar Attendees; list names of all Attendees from your LME-MCO.
  - Put phones on mute, but not on hold.
  - Two presentations – Programmatic Review and Clinical Services Review.
  - Please ask questions during the presentation or you may send them to the lme.monitoring@dhhs.nc.gov
  - PowerPoint presentation from webinar will be posted on the web in approximately 1 week – some tweaks may be made based on today’s session.
Federal Programs That Will be Monitored

- **SAPTBG - $44.9 Million**
  - Adult and Child SUD Treatment
  - 5% IV Drug Use
  - Women’s Set Aside Funding (WSAF)
  - CASAWORKS for Families Residential Initiative
  - Work First/CPS Substance Use Initiative
  - JJSAMHP

- **CMHSBG - $11 Million**
  - Adults with SMI; children and youth with SED
  - Social Services Block Grant –
    - $7.5 Million
  - Sample Chosen for SUD/MH Clinical Monitoring
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

2019 LME-MCO Program Monitoring

Review Team: Barbara Flood, Cynthia Coe, Patricia McNear

June 17, 2019
Overview of SFY 2019 Program Review

• Collaboration with the program managers for any changes to the review tool and guidelines
• Highlights of changes
• What documentation needs to be available
2019 Block Grant Review: Overview of Program and Record Guidelines and Tools
WHAT TO EXPECT

• Block Grant Reviewers
  – 1 Team Lead and 2 Reviewers

• LME-MCO Staff
  – A staff person available to assist with providers and program reviews

• Provider Staff
  – One provider staff familiar with the area being reviewed

• Arrive at approximately 8:30 a.m.

• Each Reviewer will need a table to sit with provider staff

• Each Reviewer will need an electrical outlet
SAPTBG and CMHSBG REVIEW

• Conducted to ensure compliance with 45 CFR Part 96, Subpart I, SAPTBG and 42 USC Part B, Subpart I, Block Grants for Community Mental Health Services

• Review includes both program and record review for:
  ❖ SAPTBG IV Drug
  ❖ SAPTBG Record Review
  ❖ SAPTBG Women’s Set-Aside Fund
  ❖ SAPTBG CASAWORKS for Families Residential Initiative
  ❖ SAPTBG Work First / Child Protective Services Substance Use Initiative (Program Review will be a desk review)
  ❖ JJSAMHP (Program Review will be a desk review)
  ❖ CMHSBG (Program Review will be a desk review)
SAPTBG IV Program Tool

• Added a question
  – There is evidence of policy or procedure of interim services if admission to clinical treatment services cannot occur within the required time frame.

• Documentation Needed From LME-MCO/Provider:
  ❖ Evidence of an outreach program for people who use IV drugs
  ❖ Evidence of priority admission for people who use IV drugs
  ❖ Evidence of policy or procedure for the provision of interim services
  ❖ Evidence of strategies implemented to promote a drug-free workplace, according to policy
  ❖ Evidence of a contract between LME-MCO and provider for services rendered
  ❖ Evidence provider was informed of the Block Grant requirements
SAPTBG IV Record Review

• No major changes

• Documentation Needed From LME-MCO/Provider:
  - Evidence of eligibility
  - Evidence of TB Screening
  - Evidence of referral, if TB symptoms were present
  - Evidence to support ASAM level of care
  - Signed authorization to release information with all the required elements
  - Evidence of timely admission or appropriate referral
  - Evidence of completion of NC-TOPPS within required timeframes
SAPTBG Record Review

• No major changes

• Documentation Needed From LME-MCO/Provider
  – Evidence of eligibility
  – Evidence of TB Screening
  – Evidence of referral if TB Symptoms were present
  – Evidence to support ASAM Level of Care
  – Signed authorization to release information with all the required elements
  – Evidence of completion of NC TOPPS within required timeframes
  – Evidence the LME-MCO contracts with the provider for these services
  – Evidence the LME-MCO notified/informed the provider of the block grant requirements
SAPTBG Women’s Set-Aside Program Tool

• One question added
  – There is evidence of policy or procedure for the provision of interim services for pregnant women with SUD within the required timeframe

• Documentation Needed From LME-MCO/Provider:
  ✓ Written Program Description with all required elements
  ✓ Evidence of priority admission to pregnant women who have substance use disorder diagnosis
  ✓ Evidence of policy or procedure for the provision of interim services for pregnant women with SUD
  ✓ Evidence of established and implemented strategies that promote a drug-free workplace
  ✓ Evidence of a contract between LME-MCO and provider for services rendered
  ✓ Evidence provider was informed of the Block Grant requirements
SAPTBG Women’s Set-Aside Record Review

• One question added
  – If services required for the pregnant woman were not available within 48 hours, there is evidence interim services were offered or provided.

• Documentation Needed From LME-MCO/Provider:
  ◆ Evidence of eligibility
  ◆ Needs were addressed, as required
  ◆ Evidence to support ASAM level of care
  ◆ Evidence of timely admission or a referral for services for pregnant women
  ◆ Evidence that interim services were offered or provided for pregnant women
  ◆ Evidence of completion of NC-TOPPS within required timeframes
Acceptable Interim Services for SAPTBG IV AND WSAF

- Referral for Interim Services
  - Acceptable Services Include:
    - Counseling and education about HIV and TB
    - Counseling about the risks of needle sharing
    - Counseling about the risks of transmission to sexual partners and infants
    - Counseling about steps to take to ensure that HIV and TB transmission does not occur
    - Referral for HIV or TB treatment services, if necessary
  - Additional interim services for pregnant women
    - Counseling on the effects of alcohol and drug use on the fetus
    - Referral for prenatal care
CASAWORKSTM for Families Residential Initiative Program Tool

• No major changes on this tool

• Documentation Needed From LME-MCO/Provider:
  ❖ Evidence of signed/current MOA between provider and county DSS
  ❖ Evidence of Advisory Group meetings
  ❖ Evidence that all the required elements of the CASAWORKS for Families Model have been implemented, contracted for and/or a current MOA is in place.
  ❖ Evidence of a contract between LME-MCO and provider for services rendered
  ❖ Evidence the provider was informed of Block Grant requirements
CASAWORKSTM for Families Residential Initiative Record Review Tool

• No major changes to tool

• Documentation Needed From LME-MCO/Provider:
  ❖ Evidence of eligibility
  ❖ Evidence to support ASAM level of care
  ❖ Evidence a Person-Centered Plan (PCP) was initiated upon admission to the program
  ❖ Evidence of current (PCP) or Employment Self-Sufficiency Plan (ESSP) was reviewed monthly
  ❖ Signed Authorization to Release Information with all required elements
  ❖ Evidence of completion of NC-TOPPS within required timeframes
SAPTBG Work First / Child Protective Services Substance Use Initiative Program Tool

• No major changes

• Documentation Needed From LME-MCO/Provider:
  ◆ Signed MOA between LME-MCO/provider and each county DSS with all required elements
  ◆ Evidence MOA has been reviewed in the past 12 months
  ◆ Evidence the LME-MCO contracted with the provider for these services
  ◆ Evidence the LME-MCO notified/informed the provider of the Block Grant requirements
SAPTBG Work First / Child Protective Services Substance Use Initiative Record Review Tool

• No major changes

• Documentation Needed From LME-MCO/Provider:
  - Signed authorization to release information that includes all required elements
  - SUDDS or pre-approved alternate assessment for Work First Referrals
  - Evidence of participant’s disposition after meeting with QPSA, (i.e., communication with DSS)
  - Evidence of a contract between LME-MCO and provider for services rendered
JUVENILE JUSTICE SUBSTANCE ABUSE MENTAL HEALTH PARTNERSHIP (JJSAMHP) PROGRAM MONITORING

• Documentation Needed From LME-MCO/Provider:
  ❖ Signed Memoranda of Agreement between local team members
  ❖ Juvenile Justice’s invitation to participate in the LME-MCO's Gaps and Needs Analysis reporting
  ❖ JJSAMHP Gaps and Needs identified in the LME-MCO's report
  ❖ Activities conducted by the Partnership for the fiscal year
  ❖ Evidence of a contract between LME-MCO and provider for services rendered
  ❖ Provider informed of the Block Grant requirements
JUVENILE JUSTICE SUBSTANCE ABUSE MENTAL HEALTH PARTNERSHIP (JJSAMHP) RECORD REVIEW

• Documentation Needed From LME-MCO/Provider:
  ❖ Approved evidence-based screening tool
  ❖ Evidence of completion of NC-TOPPS within required timeframes
  ❖ Signed authorization to release information to juvenile court and the JJSAMHP
  ❖ Child and family participation in the service planning process
  ❖ Activities within the JJSAMHP 5 Domains included in individual's service record
Community Mental Health Services Block Grant (CMHSBG) – Program Monitoring

- Homeless youth, youth in rural communities, children and youth in military families were added to target population

- Documentation Needed From LME-MCO/Provider:
  - There is that funds are used to provide access to mental health services to target populations.
  - There is evidence that services are provided to adults with Serious Mental Illness (SMI) regardless of ability to pay.
  - There is evidence that services are provided to children with Severe Emotional Disturbance (SED) regardless of ability to pay.
  - There is evidence of a system in place to prevent inappropriate disclosure of individual records.
  - There is evidence that the LME-MCO supports and promotes evidenced-based treatment
  - There is evidence of recipient and family member in the community mental health system of care.
  - There is evidence of activities to increase and diversify participation of youth and families in the local System of Care (SOC) community collaborative. (Child Only)
  - There is evidence the LME-MCO has a process for gathering and submitting SOC Coordinator activity data.
Community Mental Health Services Block Grant, Record Review

• Homeless youth, youth in rural communities, children and youth in military families were added to target population

• Documentation Needed From LME-MCO/Provider:
  ❖ Evidence the person meets eligibility
  ❖ Evidence of individual and/or family involvement in treatment planning
  ❖ Evidence NC TOPPS was completed within required timelines
  ❖ Evidence there is a signed release with all required elements
  ❖ Evidence informal/natural support persons were identified
  ❖ Evidence of treatment for trauma (referral and service transition)
GUIDELINES

• Will be Posted on the Division Web Site
• Provides examples of acceptable documentation for each question
• Provides citations for each question
SAMPLE

• UCR
  ❖ Sample is pulled from NC Tracks
  ❖ From the sample pulled, 10 records are chosen
  ❖ The sample will be forwarded to the LME-MCO 10 business days prior to the scheduled review

• NON-UCR (JJSAMHP, Work First, CASAWORKS,)
  ❖ A request was sent to the LME-MCOs for a list of providers and individuals in the programs above during the fiscal year.
  ❖ Ten records will be randomly chosen from the list
  ❖ Ten business days prior to the review, the sample will be sent to the LME-MCO
SAMPLE (con’t)

• The following program reviews will be desk reviews. Requested information is to be submitted by July 1, 2019 to barbaraflood@dhhs.nc.gov
  – Work First Program
  – JJSAMHP Program
  – CMHSBG Program
Program Monitoring and Program Sample Questions
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barbara.flood@dhhs.nc.gov
919-218-3872
• QUESTIONS??
2019 LME-MCO Clinical Monitoring

Starleen Scott Robbins, MSW, LCSW, Women’s Services Coordinator
Stacy Smith, LPC-S, LCAS, Adult MH Team Lead
Eric Harbour, MPH, LCSW, Child MH Team Lead
LaToya Chancey, LPC-A, I/DD Team Lead

June 17, 2019
LME-MCO Clinical Monitoring

Services/Policies to be included:

- Adult Mental Health Services
- Adult Substance Use Disorder Services
- Child MH & SUD Policies & Procedures
- Adult and Child I/DD Services
LME-MCO Clinical Monitoring

Funding to be included:

- State Funds
- Substance Abuse Prevention & Treatment Block Grant
- Community Mental Health Services Block Grant
- Social Services Block Grant
Adult MH/SUD Clinical Monitoring

Focus of Monitoring:

I. SFY 2019 clinical monitoring will focus on the review of persons identified in the current LME-MCO contract as high priority/high risk populations to determine if those individuals:

- Received care coordination based on parameters set forth in the current contract.
- Received referrals to approved follow up services.
- Follow-up within 30 days of discharge.

II. Review of policies, procedures and/or protocols submitted in response to SFY 18 clinical monitoring POC and/or TA to verify implementation & determine if policies, procedures & protocols effectively addressed the compliance issue.
Adult MH/SUD Clinical Monitoring

Sample Selection & LME-MCO Record Review for Adult MH and SUD:

I. Sample Selection: Adults with a substance use disorder (SUD) or with mental health (MH) disorder who were discharged from a state psychiatric hospital, ADATC, community psychiatric hospital, facility based crisis program, or non-hospital medical detoxication service with paid claims between February 1, 2019 and May 31, 2019.

Sample Size:

- 5 LME-MCO records will be reviewed for both MH & SUD, respectively, from NC TRACKS paid claims
- 5 LME-MCO records will be reviewed for both MH & SUD, respectively, from HEARTS.
Adult MH/SUD Clinical Monitoring

**LME-MCO-Record Review:** The records will be reviewed to determine the outcome for individuals 30 calendar days following discharge.

- Care coordination during admission and after discharge
- Follow-up appointments within 7 days of discharge
- Follow-up for missed appointment within 5 days
- Service authorizations for approved services
- Follow-up after discharge
Adult MH/SUD Clinical Monitoring

II. Review of policies, procedures and/or protocols submitted in response to SFY 18 clinical monitoring POC and/or TA to verify implementation & determine if policies, procedures & protocols effectively addressed the compliance issue.

Evidence of Implementation:

- 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
Who & What To Expect

- Division Adult MH/SUD Clinical Monitoring Staff:
  - 1 Team Lead & 2 reviewers

- LME-MCO Staff:
  - 3 LME-MCO staff familiar with MH/SUD

- 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
Child & Adolescent MH/SUD Clinical Monitoring

Purpose of Monitoring:

The purpose of clinical monitoring for child services is to verify if the LME-MCO followed it’s established written policies and procedures in the execution of the access, screening, triage and referral function.
Child & Adolescent MH/SUD Clinical Monitoring

Sample Selection & LME-MCO Record Review for Child/Youth MH and SUD:

- **Sample Selection:**
  - LME-MCOs will send a list of uninsured child/youth who called STR and were served during the period of 7/1/18-3/30/19 by May 31, 2019.

- **Sample Size:** a sample of 8 STR calls from what was sent (3 of which will be complaints – if there were no complaints – we will take the full 8 from the regular STR calls)
Child & Adolescent MH/SUD Clinical Monitoring

Informational Questions (not part of clinical monitoring):

- How is your LME-MCO preparing for the impact of the DSS Families First federal legislation on your child service system?
- How is your LME-MCO preparing for the impact of the Juvenile Justice Raise the Age legislation on your child service system?

☐ Please submit a narrative response via email to Eric Harbour at Eric.Harbour@dhhs.nc.gov by May 31, 2019.
Who & What To Expect

- Division Clinical Monitoring Staff:
  - 1 Team Lead & 1 reviewer

- LME-MCO Staff:
  - 2 LME-MCO staff familiar with MH/SUD Child/Youth STR Encounters

- LME-MCO Record Documentation To Be Reviewed:
  - STR Policies, Procedures & Protocols (effective date: 7/1/18-3/30/19)
  - LME-MCO case notes, summaries, and dispositions for uninsured child/youth related consumer calls to STR
  - Any other supporting documentation provided by the LME-MCO
I/DD Clinical Monitoring

Focus of Monitoring:

- Adults and children who received the following services funded by Social Service Block Grant (SSBG) and/or State dollars under the ADSN and CDSN benefit plans will be reviewed:
  - Supported Employment
  - Long Term Vocational Supports
  - Developmental Day
  - Day Activity
  - Day Supports
  - CAET-Community Activity and Employment Transitions (if applicable)
I/DD Benefit Plan & Service Eligibility Monitoring Review

Sample Selection & LME-MCO Record Review for I/DD:

- DMH/DD/SAS will generate a sample of paid claims between 3/1/18-02/28/19 for expenditures of State-funded and Social Services Block Grant (SSBG) funds reviewing the following for all services:
  - Benefit Plan Eligibility Criteria
  - Initial Service Criteria or Concurrent Service Criteria

- LME-MCO Record Review: Records will be monitored based on the approved DMH/DD/SAS Benefit Plan and service definition eligibility criteria.
I/DD Benefit Plan & Service Eligibility Monitoring Review

Sample Selection & LME-MCO Record Review for I/DD:

- The sample to be reviewed will include up to 8 claims across all of the services paid for with SSBG or state funds.

- The LME-MCO must ensure that sufficient documentation to adequately respond to the questions on the LME-MCO Clinical Monitoring tool is present at the review site.

- The LME-MCO may have paper or electronic records available for review.
I/DD Benefit Plan & Service Eligibility Monitoring Review

Sample Selection & LME-MCO Record Review for I/DD:

☐ Any services that eligibility was only verified by the LME-MCO during the post-payment review will require the following:

- Copy of the most recent LME-MCO post-payment review policy
- Copy of the most recent LME-MCO post-payment review of the specific service (e.g., supported employment) and
- The service records or sufficient documentation to adequately respond to the questions on the LME Clinical Monitoring tool available on-site for review.
Who To Expect

- Division I/DD Clinical Monitoring Staff:
  - 1 Team Lead & 2 Reviewers

- LME-MCO Staff:
  - 3 LME-MCO Staff familiar with I/DD services & records
What To Expect

- Documentation for Benefit Plan & Service Eligibility Review:
  - SAR/TARs
  - NC SNAP and/or SIS
  - Psychological Evaluation
  - Level of Care Form
  - PCP or Service Plans
  - Comprehensive Clinical Assessment (CCA), when applicable
  - Progress notes
  - Crisis plan, when applicable
  - Behavior Intervention Plans, when applicable
  - Any other supporting documents
Pre-Site Visit Call Information

- The LME-MCO will receive the MH, SUD, SAIOP and I/DD claims samples 10 business days prior to the agreed upon onsite review date.

- Pre-Site Visit Conference Calls:
  - 4-5 days prior to onsite visit
  - Lead LME-MCO Clinical Monitoring Staff and all others
  - Any questions or concerns related to the monitoring or process
  - Any housekeeping issues (i.e. location, space, staffing, timeframes, etc.)
Clinical Monitoring Questions

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Child & Youth MH/SUD Clinical Monitoring
Contact Information

Claims Sample Questions:

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