

Title of Manual: Mid-South Substance Abuse Commission Policy and Procedures			<b>Page 1 of 4</b>	
			<b>History</b>	
Policy Number: Q002	Subject/Title: Site Reviews		<b>Replaces:</b>	9/2007
			<b>Last Reviewed:</b>	2/2009
Issued By: Executive Director	Approved By: Board of Directors Date: 2/23/2009	Scope: All Treatment Providers	<b>Effective:</b>	2/23/2009

## 1. **POLICY**

Mid-South shall perform retrospective utilization review activities through an on-site visit of contracted treatment providers of substance use disorder treatment services and internally through desk reviews. It is Mid-South's policy to establish specific requirements for providers and review such requirements at least annually. Mid-South conducts financial and clinical provider site reviews and internal desk reviews.

## 2. **PURPOSE**

- 2.1. To ensure standards and quality of care are achieved in the delivery of substance use disorder treatment services and that all clients receiving care are able to receive services in a manner which is prompt and in accordance with the severity/emergence of the person's medical/clinical needs at the time.
- 2.2. To ensure standards and requirements for billing and documentation for services rendered by the treatment provider to the client have been met. Client files are reviewed to determine if proper billing and reimbursement procedures have been followed according to the Mid-South's contract standards.
- 2.3. To ensure the provider has maintained adequate facilities and sufficient personnel to provide clients with timely access to services in accordance with standards set forth in federal, state, and Mid-South requirements, as applicable.
- 2.4. To ensure data is entered into the website database system accurately, completely, and timely.
- 2.5. To ensure service availability is maintained by necessary administrative, professional, and technical staff.

## 3. **GENERAL EXPECTATIONS**

- 3.1. Providers are to participate in the site review process and have appropriate staff available.
- 3.2. Requested files, policies and procedures, and necessary documentation are to be available at the time of the site review.
- 3.3. Billing for client services is to be accurate, timely, and complete and have appropriate required documentation in the client's file.
- 3.4. Documentation of income/non-income, for Community Grant funded clients, is to be present in the client's file and signed by both the client and the program director and/or designee.
- 3.5. All fee agreements, as applicable based on funding source, are to be reviewed and updated every 90 days.
- 3.6. On a monthly basis, all clients must be verified against the Medicaid eligibility system.
- 3.7. Review of client files, by Mid-South Finance Department, to determine if the billing and reimbursement process is correct.

Title of Manual: Mid-South Substance Abuse Commission Policy and Procedures			<b>Page 2 of 4</b>	
			<b>History</b>	
Policy Number: Q002	Subject/Title: Site Reviews		<b>Replaces:</b>	9/2007
			<b>Last Reviewed:</b>	2/2009
Issued By: Executive Director	Approved By: Board of Directors Date: 2/23/2009	Scope: All Treatment Providers	<b>Effective:</b>	2/23/2009

#### 4. **PROCEDURE**

##### 4.1. On-site Visit:

- 4.1.1. The site review schedule is provided to Mid-South providers and is also found on the Mid-South website.
- 4.1.2. Approximately 45 days before the site review, programs receive an initial letter of confirmation with appropriate attachments of site review protocol and a financial worksheet.
- 4.1.3. Shortly before the site visit, programs receive a letter via facsimile requesting identified files to be reviewed.
- 4.1.4. Additional client files may be requested upon arrival for the site review.
- 4.1.5. The procedure shall include on-site examination of provider accessibility, health and safety, policies and procedures, clinical records, staff and personnel, quality improvement activities, recipient rights, personnel files, licensing and credentialing, and administrative requirements. As an example, site review protocol requires review of 1-2 personnel files at the program site(s) to monitor credentials, staff licensure, date of hire, qualifications, verification of criminal background check, performance evaluations, continuing education units, child abuse/neglect check (if applicable), job application, resume, job description, and comments.
- 4.1.6. The procedure shall also include on-site examination of provider verification of documentation of income/non-income. All fee agreements for Community-Grant funded clients are reviewed and updated every ninety (90) days. All clients are verified on a monthly basis in order to correctly bill the appropriate funding source.
- 4.1.7. Financial reviews are performed annually. Administrative and clinical reviews are performed annually for those providers receiving a final score below 80 percent; since they pose a greater risk to Mid-South. Providers scoring above 80 percent must be reviewed at least every third year.
- 4.1.8. Requirements on protocols shall be reviewed and rated.
- 4.1.9. A copy of the completed financial site review worksheets, administrative policies and procedures worksheets, and client file protocol worksheets are given to the provider at the end of the review. An exit interview is conducted to verbally inform the provider of the site review results. If there are to be any adjustments, corrections, and/or paybacks, the reviewer informs the provider.
- 4.1.10. A written report is submitted to the provider within 45 days post site review. The provider is notified of any need for corrective action, with notice of deadline, and/or if a follow-up site review is required.

#### 5. **METHODOLOGY**

- 5.1. Administrative, clinical, and financial site reviews are conducted on an annual basis or on an as needed basis. A combination of on-site reviews and internal review practices are used to calculate scores for each category.
  - 5.1.1. Administrative and Clinical:
    - 5.1.1.1. The Administrative score is based on a set of questions rating administration, accessibility, clinical, legal, recipient rights, and personnel policies and procedures.

<b>Title of Manual:</b> Mid-South Substance Abuse Commission Policy and Procedures			<b>Page 3 of 4</b>	
			<b>History</b>	
<b>Policy Number:</b> Q002	<b>Subject/Title:</b> Site Reviews		<b>Replaces:</b>	9/2007
			<b>Last Reviewed:</b>	2/2009
<b>Issued By:</b> Executive Director	<b>Approved By:</b> Board of Directors <b>Date:</b> 2/23/2009	<b>Scope:</b> All Treatment Providers	<b>Effective:</b>	2/23/2009

5.1.1.2. The clinical score is a combined average of a set of questions rating the protocol for general requirements, access & assessments, treatment plans, progress notes, authorizations/re-authorizations, discharges, and continuum of care from multiple client files.

5.1.2. Financial:

5.1.2.1. Community Grant: Required file documentation is assigned two (2) points each with 16 total possible points.

5.1.2.1.1. All progress notes present with appropriate signatures (without inappropriate corrections; such as whiteout or correction tape) and appropriately billed – 2 points.

5.1.2.1.1.1. Electronic progress notes need the electronic signature on the progress note at time of review.

5.1.2.1.1.2. Electronic progress notes may be reviewed either in paper format or electronically.

5.1.2.1.1.3. The fee agreement is present and 90 day review (if applicable) is timely – 2 points. If fee agreement is present, but not updated within required timeframe (if applicable) – 1 point.

5.1.2.1.1.4. Proof of income is present – 2 points.

5.1.2.1.1.5. Necessary information is accessible in the client’s file – 2 points.

5.1.2.1.1.6. If applicable, the fee waiver is present and signed and dated by both the client and program staff – 2 points. Reviewed and updated every 90 days.

5.1.2.1.1.7. The treatment plan is present and signed by both the client and therapist – 2 points.

5.1.2.1.1.8. The progress notes follow the treatment plan – 2 points.

5.1.2.1.1.9. Residential only: minimum of three (3) hours per day of documented treatment is in the client’s file – 2 points.

5.1.2.1.2. Medicaid/ABW/MiChild: Required file documentation is assigned two (2) points each with 12 total possible points.

5.1.2.1.2.1. All progress notes present with appropriate signatures (without inappropriate corrections; such as whiteout or correction tape) and appropriately billed – 2 points.

5.1.2.1.2.1.1. Electronic progress notes need the electronic signature on the progress note at time of review.

5.1.2.1.2.1.2. Electronic progress notes can be reviewed either in paper format or electronically.

5.1.2.1.2.2. The treatment plan is present and signed by both the client and therapist – 2 points.

5.1.2.1.2.3. The progress notes follow the treatment plan – 2 points.

5.1.2.1.2.4. Residential only: minimum of three (3) hours per day of documented treatment is in the client’s file – 2 points.

5.1.2.1.2.5. Medicaid/ABW/MiChild is verified on the CareNet system and processed timely – 2 points. If not verified on the CareNet system, documentation of verification is to be present in the client’s file.

<b>Title of Manual:</b> Mid-South Substance Abuse Commission Policy and Procedures			<b>Page 4 of 4</b>	
			<b>History</b>	
<b>Policy Number:</b> Q002	<b>Subject/Title:</b> Site Reviews		<b>Replaces:</b>	9/2007
			<b>Last Reviewed:</b>	2/2009
<b>Issued By:</b> Executive Director	<b>Approved By:</b> Board of Directors <b>Date:</b> 2/23/2009	<b>Scope:</b> All Treatment Providers	<b>Effective:</b>	2/23/2009

5.1.2.1.2.6. Necessary information is accessible in the client’s file – 2 points.

5.1.2.1.3. Reimbursement “payback” is determined during the financial client file review for the following reasons:

5.1.2.1.3.1. If it is determined that the provider billed for a different level of care than what is stated in the client record for the date of service; and,

5.1.2.1.3.2. If there is no supporting documentation, a written and signed progress note in the client file at the time of the financial site review for the date of service billed and reimbursed.

5.1.2.1.3.3. If a progress note indicates a different length of time than billed.

5.1.2.1.3.3.1. Files with inappropriate corrections on a progress note.

5.1.2.1.3.3.2. Billed wrong funding source.

5.1.2.1.3.3.3. Any/all treatment plans/treatment plan reviews are missing.

5.1.2.1.3.3.4. Progress notes do not match the treatment plan.

5.1.2.1.3.3.5. Residential only: less than three (3) hours of documented treatment.

5.1.3. Scoring:

5.1.3.1. Every question receives one of the following codes which is then translated into points and averaged to calculate the site review scores:

Points	Code	Description
3	*	Commendable - The provider has surpassed the expectations with respect to the standard
2	C	Compliant - The client file is in compliance with the standard and no corrective action on the part of the provider is required.
1	P	Partially Compliant - The client file is in partial compliance with the requirements.
0	N	Non-compliant - The case record is not compliant with respect to the requirements.

5.1.3.2. The site review scale is as follows:

100% = Excellent // 90 – 99% = Great // 80 – 89% = Good // 70 – 79% = Fair // 69 and below = Poor

5.1.3.3. For any protocol indicator receiving a ‘P’ or an ‘N’, a written response, indicating action taken to correct the situation is often required, depending on the indicator in question.

5.1.3.4. For any providers receiving a final score of 79% and below for the Administrative, Clinical, or Financial portions, a revisit will be scheduled at the exit interview.

References:

Mid-South Site Review Schedule