



LIP Meeting - AGENDA

Date/Time: February 6, 2017 @ 8:30 am
Location: 252-375-8947 (External)
Meet Me: 7791 (Internal)
Chairperson: Beth Mowbray - Network Operations Liaison

AGENDA TOPICS

1. Welcome - Beth Mowbray
2. Nash County Realignment - Beth Mowbray
3. Routine Monitoring Mini Training - Beth Mowbray
4. Provider Council Update - PC Member
5. Clinical Coverage Policy 8C - Nurse Practitioner Update (Implementation date: 1/1/17) - Beth Mowbray
 - a. Current timeline of July 2017 has been removed for NPs to become Psychiatric Mental Health Nurse Practitioners
6. Practice documentation corresponding to contracted provider name - Beth Mowbray
7. Quarterly check-ins with providers - Beth Mowbray
8. Gathering information re: NC Tracks site visits for next meeting - Beth Mowbray
9. Ongoing Reminders:
 - a. Certificate of Insurance (COI) - Beth Mowbray/Ty Martin
 - i. Agencies are required to maintain professional liability that covers all clinicians and direct care workers that provide services to consumers they serve
 - ii. Name Insured must match the name contracted with Trillium Health Resources
 - iii. LIPs need to submit written notification of exception to the insurance requirements
 - b. Credentialing and Re-credentialing - Beth Mowbray
 - i. Re-credentialing packets will be mailed to you
 - ii. Be mindful of timelines regarding information that is being requested
10. Questions or other topics for discussion?
11. Next Meeting will be held April 3, 2017 at 8:30am

OVERVIEW- ROUTINE MONITORING REVIEW TOOL

NETWORK DEPARTMENT

Transforming Lives



NC DHHS: PROVIDER MONITORING TOOLS


- Provider Monitoring Tools are used across the state to ensure compliance with state and federal regulations.
- Located on the NC DHHS Website-
www.ncdhhs.gov/document/provider-monitoring-tools
- NC DHHS provides free webinars and detailed trainings for each type of monitoring-
<http://www.ncdhhs.gov/providers/provider-info/mental-health/provider-monitoring>

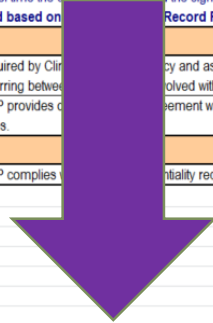
OVERVIEW AND INSTRUCTIONS

- Routine monitoring consists of a routine review and a post-payment review.
- For Licensed Independent Professionals (LIPs) that includes the LIP Review Tool and the LIP Post-Payment Review Tool.

OVERVIEW AND INSTRUCTIONS

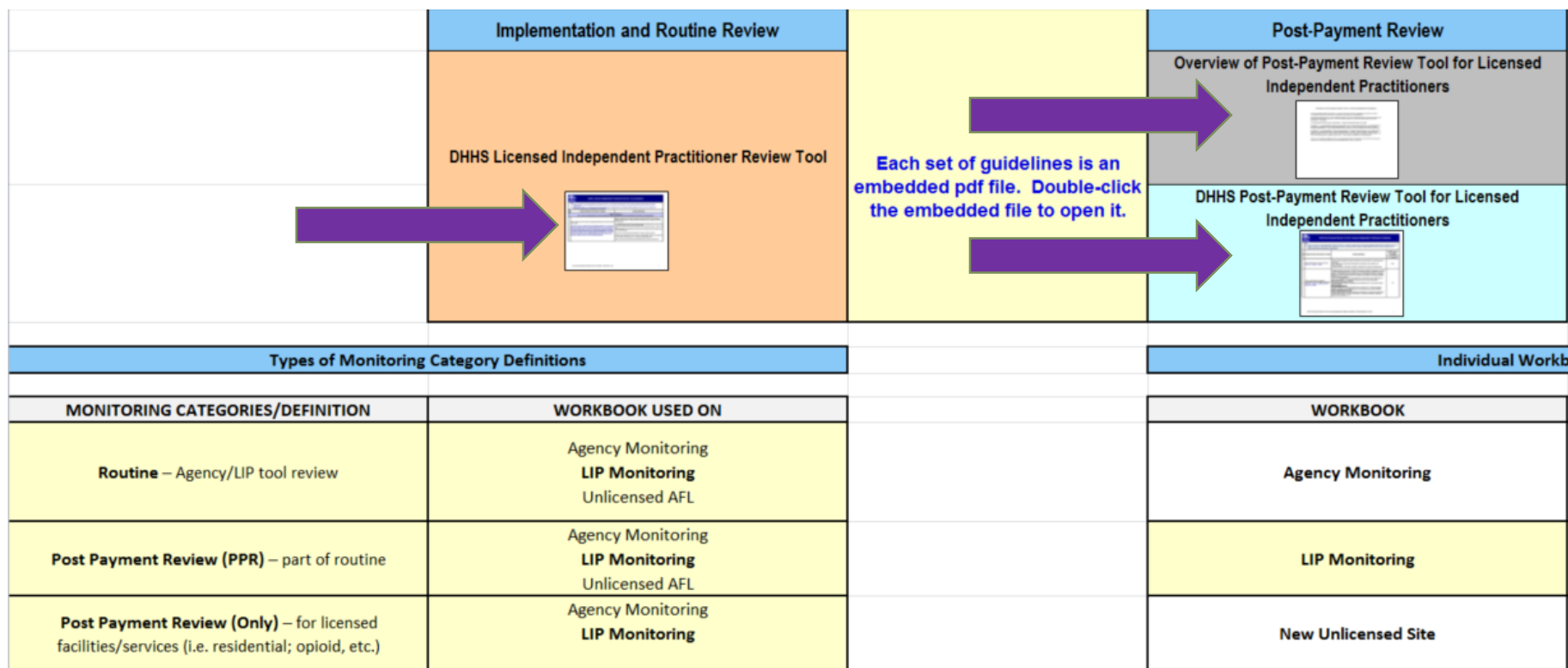
- The LIP Review Tool is in an Excel spreadsheet format with multiple tabs for different areas/categories of monitoring.

 DEPARTMENT OF HEALTH AND HUMAN SERVICES		DHHS Licensed Independent Practitioner Review Tool [Name of LME/MCO]										DHHS Licensed Independent Practitioner Review Tool [Name of LME/MCO]			
INDEPENDENT PRACTITIONER NAME:															
LOCATION:															
NAME OF REVIEWER(S):															
REVIEW DATE(S):															
TYPE OF REVIEW:															
ITEM#	REVIEW ITEM:	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Note: (1) This tool is used for Licensed Independent Practitioners (LIPs) in a solo practice, group practice, and for agencies billing outpatient behavioral health services only. (2) Sample size for items 1-7 is 30 service events based on paid claims for group practices and agencies billing outpatient services only, and a sample size of 10 service events based on paid claims for solo practices.		Rights Notification										Rights Notification			
1	There is evidence that the individual or legally responsible person has been informed of their rights.														
2	The individual has been informed of the right to consent to or to refuse treatment.														
3	The individual is informed of the right to treatment, including access to medical care and habilitation, regardless of age or degree of MH/IDD/SA disability.														
4	The individual has been notified that release/disclosure of information may only occur with a consent unless it is an emergency or for other exceptions as detailed in the General Statutes or in 45 CFR 164.512 of HIPAA.														
5	Authorizations to release information are specific to include the individual's name, the name of the facility releasing information, the name of the individual to whom information is being released, the specific information to be released, the purpose, the length of time the consent is valid, and the signatures of the individual/legally responsible person. [This item is automatically scored based on the Record Release Checklist]														
		Care Coordination/Service Availability										Care Coordination/Service Availability			
6	As required by Connecticut law and as authorized by the consumer, there is documentation that coordination of care is occurring between the LIP and the provider(s) involved with the individual.														
7	The LIP provides coverage for emergency services with another entity for access to 24-hour coverage for behavioral health crisis services.														
		Storage of Records										Storage of Records			
8	The LIP complies with record retention requirements by ensuring privacy and secure storage of records.														
REVIEWER'S INITIALS:															
Total Met:		0	0	0	0	0	0	0	0	0	0	0	0	0	0
% Met:		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total Not Met:		0	0	0	0	0	0	0	0	0	0	0	0	0	0
% Not Met:		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total N/A:		0	0	0	0	0	0	0	0	0	0	0	0	0	0



OVERVIEW AND INSTRUCTIONS

- The LIP tool has specific GUIDELINES, which are embedded in the tool as a PDF file.



THE GUIDELINES- What will be reviewed?

- **The Review Tool Guidelines:**
 - Provide detailed requirements including the applicable law or statute related to the review question.
 - Specify how to meet each requirement .
 - Specify how the reviewer must score each item on the tool.



THE GUIDELINES- Example- Tool Question #1



DHHS Licensed Independent Practitioner Review Tool Guidelines

Note:

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- (2) Sample size for items 1-7 is 30 service events based on paid claims for group practices and agencies billing outpatient services only, and a sample size of 10 service events based on paid claims for solo practices.

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
Rights Notification		
Note: There are no standardized forms to document notification of rights. Documentation formats are individualized and are likely to vary among agencies.		
1.	<p>There is evidence that the individual or legally responsible person has been informed of their rights.</p> <p>10A NCAC 27D .0201 (a) A written summary of client rights as specified in G.S. 122C, Article 3 shall be made available to each client and legally responsible person. (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. (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. (3) the procedure for obtaining a copy of the client's treatment/habilitation plan.</p>	<p>Evidence: Request to review a copy of the agency's documents that are given to the individual/LRP informing them of their rights. Information provided to the individual must be in writing, and include the following elements:</p> <ol style="list-style-type: none"> 1. The individual/LRP has been informed of the right to contact Disability Rights North Carolina (formerly the Governor's Advocacy Council for Persons with Disabilities); 2. Rules for the agency that the individual is expected to follow and possible penalties for violations of the rules; 3. Documentation that the individual/LRP has been informed in writing the process for obtaining a copy of his or her treatment plan. <p>(Item # (d)(2) in rule has been deleted intentionally as it is asked in another review item.)</p> <p>Information must be given within 3 visits or 72 hours, if a residential facility. Meeting of time requirement is noted through the dated signature of the LRP/individual acknowledging receipt.</p> <p>Scoring: Each record must contain the three elements listed above in order to be scored as met.</p>

FOR QUESTION 1: THERE ARE THREE REQUIRED ELEMENTS!!!

HELPFUL HINTS

- Review the Guidelines carefully and ensure that documentation meets the requirements.
- Communicate with the lead of the review for questions, needed accommodations, etc.
- Tab files, both personnel and clinical, to ensure all items are found and the review goes smoothly.
- EMRs do not have to be printed for a review. You can give guest usernames/passwords to allow reviewers to review on your system.