
Provider Monitoring Workbook INSTRUCTIONS

Purpose

According to the temporary rules for provider monitoring (10A NCAC 27G .0600) that went into effect July 1, 2003, area authorities/county programs (AA/CPs) are responsible for the quality of services and supports given by all mh/dd/sas providers in their catchment areas. The checklist and monthly reporting form in this workbook are to assist in this effort. The *Provider Monitoring Checklist* is a working document to guide your monitoring team's decisions about what to monitor and how to evaluate a provider's compliance with requirements. The *Monthly Provider Monitoring Report* is to be used to summarize and report the results of your monitoring plans and activities to DMHDDSAS and DFS, as required by the monitoring rules.

NOTE: Compliance with the provider monitoring requirements of 10A NCAC 27G .0600 does not preclude compliance with Medicaid or other requirements. Compliance reviews of CAP MR/DD providers should continue until further notice.

NOTE: Because this workbook is not available to AA/CPs until October 2003, the first monthly report will be due October 20, 2003. For this October report, you only need to complete the Planned Monitoring Activities table (i.e. information on providers to be monitored in November 2003).

WHO TO MONITOR

AA/CPs are responsible for monitoring all mh/dd/sa service providers who operate in their catchment area. However, AA/CPs are not required to monitor every provider with the same frequency or intensity. Rather, plan your monitoring activities to review those providers that are of greatest concern. Develop a monitoring plan that uses resources efficiently and effectively to ensure the quality of all services and supports in the catchment area.

Base your decisions about the frequency and intensity of monitoring for a specific provider on an assessment of the risk that particular provider poses for problems with compliance relative to other providers in the catchment area. Assess risk based on an evaluation of the provider's past performance, by analyzing such information as:

- 1) Number and severity of critical incident reports received from that provider and the provider's response to those incidents
- 2) Number and severity of complaints received about that provider and the provider's response to those complaints
- 3) Results of inspections and audits conducted by DFS and/or DMH/DD/SAS
- 4) Concerns about quality identified during oversight of an individual's services and supports
- 5) Level of experience of the provider in offering a particular service
- 6) Results of a provider's accreditation review (national or local)

Limit the scope of the monitoring to fit the level of risk a provider poses in each domain of interest. For instance, if a particular provider poses a high risk for non-compliance in only one domain, limit monitoring to that domain only. (If a provider is new, you should monitor all items to develop baseline information.)

WHAT TO MONITOR - Provider Monitoring Checklist Instructions

The checklist provides guidance for deciding how to monitor providers. The AA/CP is responsible for developing a coherent monitoring plan with consistent measures for determining compliance levels using the 3-point rating scale on the checklist. The checklist does not have to be submitted to DFS or DMH/DD/SAS, but is included in this workbook as an ***optional tool*** to aid monitoring decisions. The AA/CP can choose to use it as the report of monitoring results that is sent to providers.

CAUTION: Before filling out the Provider Monitoring Checklist for individual providers, copy the sheet to a new file using the "Move or Copy Sheet" command on the Edit Menu. Be sure to check "Create a copy" at the bottom of the dialog box in order to preserve the original template.

The checklist delineates:

1) Components that should be the focus of monitoring efforts - The items in the checklist represent the most critical indicators of quality that are included in the administrative rules defined as "quality indicators" in the monitoring rules. AA/CPs are encouraged to limit monitoring to these items. The items are grouped into "domains" based on the corresponding administrative rules.

2) Appropriate location for monitoring each component - For providers with multiple offices, evidence of compliance for each item can be found at the site with a checkmark. For instance, if monitoring a particular facility, do not plan to monitor job applicants' criminal history, but do consider monitoring a particular employee's qualifications. Likewise, the adequacy of a corporation's policies and procedures should be addressed at the corporate office, but staff understanding and implementation of those policies and procedures should be monitored at the facility and service levels. Sites with either ? or ?? indicate items for which special situations apply. See the code at the bottom of the checklist for details.

3) Suggestions for types of evidence to review to determine compliance - The AA/CP needs to develop consistent ways of determining compliance with each requirement. The listed sources of evidence are suggestions only and can be tailored to fit the AA/CP's monitoring plan.

4) Three-point rating scale - Use this scale to report whether a requirement is exceeded or completely met (2), partially met (1) or totally unmet (0). Until further notice, it is the AA/CP's responsibility to develop specific criteria to determine the ratings. The criteria used should be applied equally to all providers.

The **heading** of the Checklist (first 18 rows) contains provider information (rows 13-14), tracking information (rows 6-10), and a summary of the ratings that are entered in the body of the checklist (rows 1-2).

Provider information: Enter the provider's organization, the name of the specific facility that is being monitored (if different) and the provider's ID number, using the facility-specific number if multiple numbers are available. Choose an ID type as "License" (if using DFS license numbers), "Medicaid" (if using a provider's Medicaid billing number), or "Assigned" (if using a number assigned by the AA/CP).

Tracking Information: Once a monitoring visit is scheduled, the checklist will calculate when the report is due. If a Plan of Correction is needed, enter "Yes" and the checklist will calculate due dates for receipt, resolution and follow-up.

Summary of ratings: The second row of the checklist will be filled automatically as ratings are entered for each requirement in the body of the checklist.

The **body** of the checklist contains a line for each item, a cell to give a rating (0 to 2, as outlined above), and cell to provide a justification for the rating given. The justification should reflect criteria developed by the AA/CP for evaluating providers' performance on this requirement.

WHAT / WHEN / WHERE TO SUBMIT - Monthly Provider Monitoring Report (Form QM02) Instructions

Use the Monthly Provider Monitoring Report template to provide a summary of the AA/CP's monitoring plans and activities to the DFS Licensure & Certification Section and the DMH/DD/SAS Quality Management Team. **By the 20th of each month send the report as an email attachment to both of the addresses on the form.** If you monitor more than 15 providers in any given month, copy the entire report to a new spreadsheet and submit both sheets. If you have no monitoring plans or follow-up to report during a month, send an email by the 20th of the month to ContactDMHQuality@ncmail.net stating why.

CAUTION: Before completing the Monthly Provider Monitoring Report form, copy the sheet to a new file using the "Move or Copy Sheet" command on the Edit Menu. Be sure to check "Create a copy" at the bottom of the dialog box.

PLANNED MONITORING ACTIVITIES FOR THE UPCOMING MONTH

NOTE: Because this workbook is not available to AA/CPs until October 2003, the first monthly report will be due October 20, 2003. For this October report, you only need to complete the Planned Monitoring Activities table (i.e. information on providers to be monitored in November 2003).

Use this table to report plans for monitoring during the upcoming month, as required by the monitoring rules. If plans for monitoring additional providers are made after submitting the report, notify the Quality Management Team by email (ContactDMHQuality@ncmail.net) or phone (919-733-0696).

1) List the name and number of each provider that you plan to monitor during the upcoming month. If the provider is licensed under 122-C regulations, use the provider's license number and put "License" under ID Type. If the provider is unlicensed and directly enrolled with Medicaid, use the provider's Medicaid billing number and put "Medicaid" under ID Type. If the provider has neither a license nor a Medicaid billing number, use a number assigned by the AA/CP and put "Assigned" under ID Type.

2) List the date that monitoring is expected to occur. (You do not need to notify DFS or Division of Mental Health, Developmental Disabilities and Substance Abuse Services of any changes in these dates after submitting the report.)

FOLLOW-UP ON PREVIOUS MONITORING

NOTE: Because the monitoring rules went into effect July 1, 2003, this section of the report does not need to be completed before the November report (due on November 20, 2003), when follow-up of July 2003 monitoring activities should be reported.

Use this table to report on providers monitored 4 months ago. This schedule fulfills the requirement for AA/CPs to report to the appropriate state agency within 30 days of the completion of monitoring (i.e. within 30 days of the AA/CP's follow-up or 120 days of conclusion of the on-site monitoring visit).

1) List the name and facility (if applicable) of each provider monitored during the report month. If the provider is licensed under 122-C regulations, use the provider's or facility's license number and put "Licensed" under ID Type. If the provider is unlicensed and directly enrolled with Medicaid, use the provider's Medicaid billing number and put "Medicaid" under ID Type. If the provider has neither a license nor a Medicaid billing number, use a number assigned by the AA/CP and put "Assigned" under ID Type.

2) List the type of monitoring that was conducted. *Scheduled monitoring* refers to monitoring conducted as part of regular oversight activities. *Complaint-driven monitoring* refers to monitoring in response to a concern raised by a consumer, family member, staff or other person, a critical incident or other event that raised concerns about the quality of services. (Scheduled monitoring would have been reported previously in the Planned Monitoring Activities table, but complaint-driven monitoring would not have).

3) Indicate whether any deficiencies were found during the monitoring activity. A deficiency is defined as any "quality indicator" on the Monitoring Checklist that was either unmet or partially met (rated as 0 or 1).

4) Indicate whether all deficiencies have been resolved by the time of the reporting.

- Resolved = All deficiencies cited during monitoring have been corrected to AA/CP's satisfaction.

- Unresolved = One or more deficiency for which a provider was cited has not yet been corrected.

- n/a = No deficiencies were found during the monitoring activities.

5) If any of the deficiencies were referred to DFS or DMHDDSAS for further action, indicate the date(s) on which the referral(s) was made.

NOTE: AA/CPs are required to send the provider a monitoring report within 10 calendar days of the conclusion of monitoring and complete a follow-up to ensure problems are corrected within 90 calendar days of conclusion of monitoring. The AA/CP may choose to refer monitoring to the DFS Licensure & Certification Section (for licensed providers) or the DMH/DD/SAS Accountability Team (for unlicensed providers) at any time.

EXPLANATION FOR UNRESOLVED DEFICIENCIES

NOTE: Because the monitoring rules went into effect July 1, 2003, this section of the report does not need to be completed before the November report (due on November 20, 2003), when unresolved deficiencies found in July 2003 should be explained.

Use this section to explain the reason for any unresolved deficiencies noted in the Follow-up table.

1) The list of provider numbers for whom explanations are required is automatically generated from the Follow-up table.

2) For each provider number listed, give a brief phrase or sentence to indicate the reason the deficiency has not been corrected.

**Direct questions about the monitoring and reporting tools provided in this workbook to
ContactDMHQuality@ncmail.net or call the DMH/DD/SAS Quality Management Team at (919) 733-0696.**
