

PROCEDURE # 7.7A	EFFECTIVE DATE	REVISED DATE
TITLE: CMHSP MEMBER MONITORING	1/1/2014	7/1/2025
<u>ATTACHMENT TO</u>	REVIEW DATES	
POLICY #: 7.7		
POLICY TITLE: CMHSP MEMBER MONITORING		
CHAPTER: QUALITY MANAGEMENT		

I. PURPOSE

To document Lakeshore Regional Entity's process for conducting monitoring and oversight of the LRE Member CMHSPs and their Network Providers.

II. PROCEDURES

A. LRE will conduct a full monitoring and evaluation process of each Member CMHSP, at minimum, every two years. This process utilizes uniform standards and measures to assess compliance with federal and state regulations, and PIHP/CMHSP contractual requirements. The contract and delegation monitoring and evaluation process may consist of the following components:

1. **Desk Audit:** The component will consist of a review of select policies, protocols, documents, and other resource materials submitted by the Member CMHSP to the PIHP for review prior to an audit.
2. **Consumer Chart Review:** The PIHP will pull a random sample of consumer records to ensure compliance with specific program requirements, Person-Centered requirements, enrollee rights, and documentation requirements. The sample will be 1% for non-waiver services; minimum of 15/maximum of 50. The sample will be 1.5% for Autism services; minimum of 5/maximum of 11.
3. **Credentialing Review:** The PIHP will pull a random sample of provider records to ensure compliance with licensing, credentialing, and training requirements. The non-waiver credentialing sample will be a minimum of 15/ maximum of 30 charts: depending on the clinical sample size. The autism credentialing sample will consist of 3 behavior technicians, 1 supervisor and 1 evaluator, per clinical chart.

By October 1 of each year, LRE will create and distribute to member CMHSPs the monitoring schedule for the following year.

B. Consumer charts and other information/data that will be reviewed by LRE will include the time period from the date of the last site review to current (or the prior 12 months). LRE reserves the right to request information/data prior to the last 12 months if deemed necessary.

- C. LRE will develop evaluation reports detailing the results of the monitoring review for each Member CMHSP. The report will include the following:
1. A summary report detailing LRE's overall review process and findings;
 2. Detailed findings pertaining to each standard audited/reviewed;
 3. Quality Improvement (QI) recommendations; and
 4. Recommendations (if applicable) pertaining to any finding that requires remedial action.
- LRE will submit the monitoring report to the Member CMHSP within thirty (30) days following the conclusion of the review.
- D. Member CMHSP shall submit a remedial action/corrective action/quality improvement plan within thirty (30) days of the monitoring review report date, for any item/standard not meeting compliance. The plan shall include:
1. A detailed action plan which addresses steps to be taken to assess and improve performance.
 2. Measurement criteria (i.e., how the PIHP will know the objective/outcome will be achieved).
 3. Timeframes, dates, and individual responsible for completing each improvement plan.
- E. In instances where access to care for individuals is a significant concern, the Member CMHSP may be required to implement corrective actions within a reduced timeframe. This stipulation can be formally documented as part of the exit conference. Documentation of the review process and confirmation of appropriate actions taken must be submitted to LRE upon completion. Quality Improvement Plans or Corrective Action Plans provided within the designated timeframe will be reported to the LRE Chief Executive Officer (or their designee) as well as the Member CMHSP Chief Executive Officer (or their designee) for resolution and submission.
- F. LRE will review the remedial action plan, quality improvement plan, and/or corrective action plan, request clarification or additional information from the Member CMHSP as necessary and provide a formal response within 15 days upon receipt of all required information. Additionally, LRE will oversee the implementation of the plan by the Member CMHSP as part of its ongoing performance monitoring activities.
- G. If the Member CMHSP and the review team do not reach agreement on a finding or on the required corrective action, the Member CMHSP may provide a summary of findings and the rationale for the disagreement. The review team may then revise and reissue the monitoring report with updated scores and findings.
- H. Report summary findings on PIHP monitoring activities shall be shared with the LRE Board of Directors, QI ROAT, and others as appropriate.

III. CHANGE LOG

Date of Change	Description of Change	Responsible Party
7/1/2025	NEW Procedure (removed from policy)	Chief Operating Officer/Quality Manager