

**Community Mental Health Affiliation
of Mid-Michigan**

PROCEDURE #: 1.7	Page 1 of 3	SUBJECT: PIHP Site Reviews
Related Policy(ies) #: 1.0		SUBJECT: Administration of PIHP
Issuing Director: Director of Affiliation Operations		Original Effective Date: 02/13/08

REVISED DATE

08/19/08

Review Date(s)

08/21/09					
08/23/10					
08/22/11					

I. PURPOSE:

To establish a process to ensure that all functions delegated to the CMHSP's within the Community Mental Health Affiliation of Mid Michigan (CMHAMM) are adhered to. All delegated functions are based on state and federal requirements and outlined within the contract between the PIHP and the Michigan Department of Community Health.

II. STANDARDS:

- A. PIHP/MDCH Medicaid Contract (& sub-contracts)
- B. Medicaid Managed Specialty Supports Services Concurrent 1915(b)/(c) Waiver Program Contract

III. PROCEDURES:

Completion of the PIHP Site Audits and Audit Reports:

- A. The Affiliation Compliance Administrator will coordinate with the PIHP staff reviewer and the CMHSP and CA Compliance Officer to schedule the PIHP site review. The audit will be scheduled a minimum of 20 business days in advance.
- B. The Director of Affiliation Operations will communicate the date(s) each CMHSP/CA is scheduled for their site review directly to the Chief Executive Officer at each agency. This communication will indicate acceptance of the scheduled dates and participation in the PIHP annual review.
- C. The designated PIHP staff reviewer completes the site review audit for their content area based on the delegated activities and contract requirements.
- D. The PIHP staff reviewer completes a report of the audit findings and sends a copy to the Affiliation Compliance Administrator. The audit report will be completed within 15 business days from the date of the scheduled audit.
- E. The Affiliation Compliance Administrator will review the audit report and send a copy of the report and any requested plans of correction to the appropriate CMHSP and CA Compliance Officer and Chief Executive Officer within 17 business days from the date the audit was completed. A copy of the final audit report will also be sent to the responsible PIHP staff reviewer.

- F. The CMHSP and CA has 15 business days from the date the audit report is sent by the Affiliation Compliance Administrator to respond with a plan of correction to any compliance issue(s) cited within the audit report.
- G. The CMHSP and CA Compliance Officer will send their response and any required plan of correction to the Affiliation Compliance Administrator.
- H. The Affiliation Compliance Administrator will send the CMHSP or CA response/plan of correction (if needed) to the appropriate PIHP staff for review.
 - 1. The PIHP staff recommends acceptance of the plan of correction as written.

-OR-

- 2. The PIHP staff requests additional information or changes to the submitted plan of correction.
 - a. The PIHP staff reviewer, will put the requested changes in writing and send to the Affiliation Compliance Administrator.
 - b. The Affiliation Compliance Administrator will review and send the requested changes to the Compliance Officer at the appropriate CMHSP or CA.
 - c. The response will be sent by the CMHSP or CA Compliance Officer to the Affiliation Compliance Administrator.
 - d. The Affiliation Compliance Administrator will review and send a copy of the CMHSP or CA response to the appropriate PIHP staff reviewer.
 - e. Steps a. and b. will be repeated until the PIHP staff reviewer recommends acceptance of the plan of correction as written.
 - f. The PIHP staff reviewer will inform the Affiliation Compliance Administrator when the plan of correction is being recommended for acceptance or if intervention is needed between the PIHP and the CMHSP or CA to reach an agreed upon course of action.
- I. All plans of correction are reviewed by the Affiliation Compliance Administrator and given final approval by the Director of Affiliation Operations.

Evidence for Plan of Corrections:

- A. The Affiliation Compliance Administrator will monitor when required evidence is due based timeframes given within the submitted plans of correction.
- B. All evidence cited within the submitted plan of correction will be sent by the CMHSP or CA Compliance Officer to the Affiliation Compliance Administrator.
- C. The Affiliation Compliance Administrator will send all evidence to the appropriate PIHP staff reviewer for review and recommendation of approval.
- D. All requests for additional information/evidence will be put in writing by the PIHP staff reviewer and sent to the Affiliation Compliance Administrator for review. The Affiliation Compliance Administrator will then send the request to the CMHSP or CA Compliance Officer.
- E. The CMHSP or CA Compliance Officer will send all additional information/evidence to the Affiliation Compliance Administrator. The Affiliation Compliance Administrator will then send on the information/evidence to the appropriate PIHP staff reviewer for recommendation of acceptance.

Reporting Compliance with Plans of Correction:

- A. The PIHP staff will report the following to the PIHP Leadership group and the Affiliation Compliance Administrator:
 - 1. The findings of each audit as it pertains to the PIHP staff content area.
 - 2. Any issues of non-compliance with the plan of correction(s)
 - 3. The effectiveness of the implemented plans of correction
- B. The Affiliation Compliance Administrator will report the following to the Affiliation Compliance Committee:
 - 1. The findings of each audit
 - 2. Any issues of non-compliance with the plan of correction(s)
 - 3. The effectiveness of the implemented plans of correction
- C. The Affiliation Compliance Administrator will report the following to the Steering Committee:
 - 1. Summary of audit reports

Ensuring/Enforcing Compliance with Plans of Correction:

- A. All issues of non-compliance with the plans of correction will be communicated by the PIHP staff reviewer to the Affiliation Compliance Administrator. All non-compliance issues will be reported no later than 30 business days following the date the plan of correction stated the required action(s) be implemented/completed.
- B. The Affiliation Compliance Administrator will contact the responsible CMHSP or CA Compliance Officer to discuss issues of non-compliance and develop an acceptable plan to meet the requirements outlined within the plan of correction.
- C. If step B. is unsuccessful in negotiating an acceptable course of action, then the Affiliation Compliance Administrator will inform the Director of Affiliation Operations (DAO) of the non-compliance issues and the DAO will contact the responsible CMHSP or CA Chief Executive Officer for intervention.
- D. The Affiliation Compliance Administrator will keep the PIHP staff reviewer informed of the agreed upon course of action.

IV. APPLICATION:

All CMHAMM CMHSPs and CAs and their contractors.

V. MONITOR AND REVIEW:

Adherence to this procedure is monitored by the Affiliation Compliance Administrator with input from the Affiliation Compliance Committee and the PIHP staff site reviewers. This procedure is reviewed annually by the Director of Affiliation Operations. This procedure is monitored by accrediting bodies and regulatory agencies as applicable.

VI. RELATED POLICIES AND PROCEDURES:

CMHAMM Policy	#1.0	Administration of PIHP
CMHAMM Procedure	#1.3	Policy and Procedure Development and Review
CMHAMM Procedure	#1.4	Compliance
CMHAMM Procedure	#1.5	Deficit Reduction Act Requirements