

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

<b>PROCEDURE #:</b> 4.5	Page 1 of 2	<b>SUBJECT:</b> Clinical Record Reviews
<b>Related Policy:</b> 4.0		<b>SUBJECT:</b> Quality Improvement
<b>Issuing Directors:</b> Director of Quality, Customer Service and Recipient Rights, and Director of Affiliation Operations		<b>Original Effective Date:</b> 02/10/09

**REVISED DATE**

02/01/2010

**Review Date(s)**


**I. PURPOSE:**

To establish procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilization of services provided by the Community Mental Health Service Providers (CMHSPs) throughout the Community Mental Health Affiliation of Mid Michigan (CMHAMM). The Clinical Record Reviews monitor and evaluate the quality of clinical documentation and assist in evaluating the quality of services provided to persons served.

**II. STANDARDS:**

The Following federal and state statutes establish the standards for CMHAMM's Clinical Record Review procedures:

- A. Code of Federal Regulations, Title 42 – Public Health, Chapter IV, Part 438 – Managed Care Balanced Budget Act of 1997
- B. Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program FY 03-04: Attachment P 3.4.1.1 Person-Centered Planning Practice Guideline
- C. Michigan's Mental Health Code, Section 712
- D. Commission on Accreditation of Rehabilitation Facilities, Section 2.H – Quality Records Review

**III. DEFINITIONS:** (if applicable)

**IV. PROCEDURES:**

**A. Primary Clinical Record Review Process:**

1. Each CMHSP will randomly select a list of consumer charts to complete a primary clinical record review for.
2. Each CMHSP will complete the "CMHAMM Quality Improvement Clinical Record Review Form" during the review process. This form is revised annually based on written input received during the annual HSAG Compliance Monitoring Review, HSAG Performance Measure Validation review and the Department of Community Mental Health Quality Management Review.
3. ~~Each CMHSP will submit the aggregate data quarterly to the PIHP at the beginning of the second month within the quarter (September, February, May and August). Data will be~~

~~\_\_\_\_\_ submitted to the PIHP using the established PIHP Excel spreadsheet entitled "*CMHAMM Clinical Record Review Data*".~~

Each CMHSP will submit the aggregate data quarterly to the PIHP no later than 6 weeks after the end of the previous quarter. (mid Nov., mid Feb, mid May, mid Aug.). If extenuating circumstances prevent a CMHSP from completing the clinical record reviews within required timeframes, an extension may be requested in writing to the designated PIHP representative. The request must include the reason for the extension and a proposed time frame for when the reviews would be completed. Extensions will only be granted by the designated PIHP representative in cases where the extension does not impact other CMHSP's ability to submit data (prior to the start of the following quarter) and/or the PIHP reporting of aggregate data. The designated PIHP representative will respond in writing to the request within 5 days of receipt. The designated PIHP representative may approve the request as written, approve the request with modifications, or deny the request. Any dispute to this process, or the outcome, can be taken to the Director of Affiliation Operations for mediation.

Data will be submitted to the PIHP using the established PIHP Excel spreadsheet entitled "*CMHAMM Clinical Record Review Data*".

4. The number of primary reviews to be completed minimally will be one review per clinician per year. Each CMHSP reserves the right to complete additional reviews, over and above the standard, as they determine appropriate.
5. In relation to evaluating **quality and** compliance, the average percentage of all of the elements in the tool will be calculated for each CMHSP. **Based on the information gathered, each CMHSP will identify sections for improvement during the upcoming year.** ~~Should a CMHSP fall out of compliance (i.e. below established 90% threshold) the PIHP will request a plan of correction.~~

## **B. Secondary Clinical Record Review Process**

1. The PIHP will be responsible for conducting Clinical Record Secondary Reviews minimally on an annual basis. Reviews may be completed more frequently if a CMHSP is deemed out of compliance. The need for additional reviews (beyond annually) will be determined based on the areas out of compliance with established threshold and the recommendation of the PIHP reviewer. Approval of additional PIHP reviews will be provided by the Director of Affiliation Operations .
  - a. The PIHP will request, from each CMHSP, a list of all cases that were reviewed during the last 4 quarters.
  - b. The PIHP will randomly select 10% of those cases reviewed by the CMHSP's and conduct a secondary review to monitor and validate the findings of the primary reviewer.
  - c. The PIHP will aggregate their findings and share those findings with the CMHSP.
  - d. If there are disagreements in findings between the primary and secondary reviewers, the PIHP may require additional information from the CMHSP.
  - e. The PIHP will require the CMHSP to submit a corrective action response when the results of the secondary review are out of compliance with established thresholds.
  - f. When Plans of Correction are required by the CMHSP's, the PIHP will be responsible for monitoring the implementation and effectiveness of the plans. The plans of

correction will be reviewed and monitored by the Affiliation Compliance Administrator, the Director of Affiliation Operations, the Affiliation Compliance Committee, and the Affiliation Quality Improvement Workgroup.

**V. APPLICATION:**

All CMHAMM CMHSP's.

**VI. MONITOR AND REVIEW:**

PIHP Director of Quality, Customer Service and Recipient Rights, the Affiliation Compliance Committee, and the Director of Affiliation Operations shall monitor CMHSP compliance with these procedures and will review this procedure annually. External review will include MDCH and CMS site visits and reporting.

**VII. RELATED POLICIES AND PROCEDURES:**

CMHAMM Policy      4.0      Quality Improvement