




# **PBH Quality Management Overview**

Please visit our website at: [www.pbhsolutions.org](http://www.pbhsolutions.org)



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Information provided in this presentation pertains only to the counties in the PBH Region. This information is specific to the PBH region and may not apply to Local Management Entities (LMEs), providers, stakeholders or individuals outside the PBH catchment area.

Presentation slides are brief, bullet-points of information and should not be used out of context.

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# PBH Quality Management Review Types

- Facility Health and Safety Reviews
- Unlicensed AFL Reviews
- Implementation Reviews
- Performance Profile Reviews ( routine, preferred, exceptional, gold star)
- Investigations
- Cultural Competency
- Billing Audits

# Facility Health and Safety Reviews

- Safety of environment
- Emergency procedures
- Accessibility
- Confidentiality

# Facility Health and Safety Reviews

- <http://www.pbhcare.org/pubdocs/upload/documents/Initial%20Health%20and%20Safety%20Review-2008.xls>

# Unlicensed AFL Review

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- Home environment
- Personnel
- Staff training
- Medication storage
- Fire inspection-PBH monitors for compliance
- Sanitation/health inspection (as required per county) –PBH monitors for compliance

## PBH Provider Performance Profile Grid

Profile Level	Duration of service provision:	Achieve a review score of:	Frequency of review:
Routine	6 months	75%-100%	Annually
Preferred	1 year	80%-100%	Every two years
Exceptional	2 years	90%-100%	Every three years
Gold Star	3 years	95%-100%	Every three years

# Implementation Review

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- Review conducted 90 days after initial service provision
- Minimum review score of 75%
- A standardized review checklist is used
- Review items are compliance-based

# Implementation Review

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- Health and Safety Review- as applicable
- Funds Review
- Medication Review
- Personnel Review
- Record Review
- Rights Notification Review

# Routine Provider

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## Requirements:

- Review Score: 75% – 100%
- Review completed annually.
- NC State Standards and PBH contractual requirements
- 90+ days of service

# Routine Review

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- Report and Safety Review
- Funds Review
- Medications Review
- Personnel Review
- Record Review
- Rights Notification Review

# Preferred Provider

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## Requirements:

- PBH Review Score: 80 % – 100%
- Review every 2nd year.
- NC State Standards and PBH contractual requirements
- 1+ years of service

# Exceptional Provider

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## Requirements:

- PBH Review Score: 90 % – 100%
- Review every 3rd year
- Providers are required to meet all previous level requirements as well as all items listed in column on grid.
- NC State Standards and PBH contractual requirements
- 2+ years of service

# Gold Star Provider

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## Requirements:

- Review Score: 95 % – 100%
- Review every 3rd year
- Providers are required to meet all previous level requirements as well as all items required for Gold Star status
- NC State Standards and PBH contractual requirements
- 3+ years of service

# Preferred, Exceptional, and Gold Star Reviews

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- Self-Monitoring quality management systems
- Person-centered planning
- Personnel
- Agency functions

# Domain Review

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- Incident Reporting and Monitoring
- Status/Compliance with Regulatory Entities
- Provider Grievance Responsiveness
- Quality Performance Activities

# Advanced Placement on PBH Provider Profile

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- Letter of Intent:  
Routine/Preferred/Exceptional/Gold Star
- Provider self-assessment is completed and submitted with letter of Intent
- QM verifies through a desk and onsite review that the Provider has met all requirements for level requested

# PBH LIP Review Process

- Initial review
- Initial placement on preliminary status
- Advancement to preferred status

# PBH Licensed Independent Practitioner Grid

Status	Duration of Service Provision:	Achieve a review score of:	Frequency of review:
Preliminary	90 day or less	Below 85%	Annually
Preferred	90 days or more	85%-100%	Every three years

# PBH LIP Review Process

- Office site review
- HIPAA/Confidentiality
- State standards/record documentation
- Admissions assessment/screenings
- Client Rights

# PBH Review Tools

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- [http://www.pbhsolutions.org/QM/qm\\_forms.asp](http://www.pbhsolutions.org/QM/qm_forms.asp)
- <http://www.pbhsolutions.org/>

# Investigation Criteria

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- Quality Management could potentially conduct an onsite investigation based on potential or reported concerns of:
  - Abuse/Neglect/Exploitation
  - Health & Safety/Consumer care issues
  - Inadequate staffing ratio
  - HIPAA violation
  - Fraud/financial abuse
  - Facility licensing issues

# Investigation Process:

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- An announced or unannounced on-site investigation
- Face-to-face interviews with applicable parties and other individuals involved who may possess pertinent information, using a standardized list of questions.
- Documents reviewed may include, but not limited to: incident reports, medical records, personnel records, service documentation, health/safety review reports (as applicable).
- Opening/Exit Conference to ensure a verbal review of issues to be addressed and the preliminary findings with the Provider.
- Written summary of investigation findings to be provided.

## Cultural Competency Categories

- Category 1. Licensed Independent Practitioners, non-group practices
- Category 2. AFL provider
- Category 3. 14 or less FTE's and infrastructure does not separate roles of administrative and service
- Category 4. 15 or more FTE `s and infrastructure separates the roles of administrative and service

## Cultural Competency Review Elements

- Agency Infrastructure
- Policies/procedures/practices
- Personnel practices
- Skills and trainings
- Organizational composition
- Programs and Services
- Community communications

# PBH BILLING AUDITS

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The PBH Billing Audits are conducted as part of Quality Assurance monitoring activities outlined in the waiver agreement and our contracts with the state.



To ensure compliance with:

- Federal rules
- State rules
- Medicaid rules
- Waiver regulations

# **PBH BILLING AUDITS**

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All contracted providers who bill PBH for services will be audited.\*

Timeframes:

Reviews may be annually or up to three years based on the PBH Provider Performance Profile Star System.

\*Exception: LIP providers are audited once they reach 10 paid claim managed visits

# PROVIDER PERFORMANCE PROFILE AUDITS

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- Routine - 30 events
- Preferred - 20 events
- Exceptional - 15 events
- Gold Star - 10 events

# ITEMS FOR AUDIT

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## ITEMS NEEDED FOR THE THREE MONTH PERIOD

### BEING AUDITED

- Service Plans
- Service Notes for all services
- Required authorizations / orders for services
- Optional: Billing tickets / billing reports submitted to PBH for each consumer that has been identified in the audit

# PERSONNEL RECORD

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Evidence in employee record of:

- Supervision Contract
- Supervision Log
- Healthcare Registry verification
- Verification of education
- National Background Check:
  - reside in NC less than 5 years
- State Background Check
  - reside in NC more than 5 years

# **RULES / GUIDELINES**

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- APISM 30-1: “The Rules”
- APISM 1026: Service Definitions Manual
- APISM 45-2: Service Records and Documentation Manual
- APISM 95-2: Client Rights Manual
- Medicaid Guidelines and Communication Bulletins
- PBH Cardinal Innovations Waiver Manual
- Agency Contract with PBH

[www.dhhs.state.nc.us/mhddsas/manuals](http://www.dhhs.state.nc.us/mhddsas/manuals)

[www.ah.dcr.state.nc.us/records/local/default.htm](http://www.ah.dcr.state.nc.us/records/local/default.htm)

# Concerns/Grievances

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- For concerns, requests, suggestions for better services or grievances contact: Anonymous concern line: 1-888-213-9687

## For more information:

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