

Northern Michigan Regional Entity
 FY2018 Site Visits

Regional Results

1=Criteria Met; P=Partially Met; 0=Not Met; NA=N/A

TOTAL

Ref #			
	4.0 Client Intake:		
	4.1 Documents		
4.1.1	NMRE Customer Services handbook offered to all clients at admission	88%	
4.1.3	Client has been provided written information on advance directive policies, a description of state law and rights under state law	90%	
4.1.4	Client has been informed that grievances concerning noncompliance with advance directive requirements can be filed, as needed	94%	
4.1.5	Client has been given information regarding their Recipient Rights	96%	
4.1.6	Client has been given information regarding their right to an administrative Fair Hearing	94%	
4.1.7	Client has been given information regarding treatment options	95%	
4.1.8	Client has been given risks, benefits and consequences of treatment or non-treatment	94%	
4.1.9	Clients have been given information regarding risk	95%	
4.1.10	Client has been given all options for treatment including detox, residential, buprenorphine, naloxone and non-medication assisted treatment	94%	
	Section 4.1 Criteria Total		
	4.2 Releases and Communications		
4.2.1	If Primary Care Physician, physicians name and address is included in client chart	84%	
4.2.2	If Primary Care Physician, release of information is requested and in client chart	88%	
4.2.3	If Primary Care Physician and release of information is obtained, communication at admission	60%	

4.2.4	If Primary Care Physician and release of information is refused, documentation to show refusal	75%	below five
4.2.5	If no Primary Care Physician exists, documentation of referral to a primary care physician	68%	
4.2.6	If no Primary Care Physician exists and referral has been made, documentation of follow-up	18%	below five
4.2.7	Provider has complied with HIPAA's Privacy Rule	90%	
4.2.8	If not, provider has followed procedures	N/A	
Section 4.2 Criteria Total			
4.3	Referrals		
4.3.1	If client has a history of injecting drug use, referred for Hepatitis C testing	30%	below five
4.3.2	Clients with TB have been referred for evaluation and treatment	75%	
4.3.3	Residential clients have been tested for TB upon admission	71%	
4.3.4	Detox clients have been tested for TB upon admission	72%	
4.3.5	Pregnant women are referred for STD/Is and HIV Testing	N/A	
4.3.6	Clients entering treatment have been screened for risk of HIV/AIDS, STD/Is, TB and Hepatitis	96%	
4.3.7	For clients with identified high risk behaviors, referral to testing has been given	88%	
Section 4.3 Criteria Total			
5.0 Assessment and Treatment Plan			
5.1	Assessment		
5.1.1	Assessment completed by appropriately trained staff	81%	
5.1.2	ASAM has been correctly utilized for patient placement	96%	
5.1.3	The needs of the client are identified (severity rating of 4-9 or other issue identified specifically)	95%	
5.1.4	ASI-MV/BHI-MV/CHAT indicated needs	95%	
5.1.5	ASAM Level of Care indicates Outpatient	100%	
5.1.7	Client meets medical necessity criteria for services rendered	100%	
Section 5.1 Criteria Total			
5.2	Treatment Plan		
5.2.1	Recovery planning begins when the client enters treatment	95%	

5.2.2	Client has participated in decisions regarding his/her health care including right to refuse treatment and to express preferences about future treatment	71%	
5.2.3	Client has signed their treatment plan indicating participation and attendance during development	72%	
5.2.4	Goals in client's own words	77%	
5.2.5	Goals and objectives based on needs identified in the assessment	67%	
5.2.6	Treatment plan is developed by first or second treatment session	94%	
5.2.7	Treatment plan changes as client's needs change throughout treatment	69%	
5.2.8	The strengths of the client are identified	83%	
5.2.9	Objectives are measurable	69%	
5.2.10	Objectives have a target completion date	60%	
5.2.11	Intervention strategies are identified (group, individual, CBT, Didactics, etc.)	85%	
Section 5.2 Criteria Total			

Ref #	6.0 Clinical Services		
6.1	Services - General		
6.1.1	Evidence based or research based services are being provided	50%	below five
6.1.2	Services are effective for the condition based upon accepted standards of care	100%	
6.1.3	Services are not experimental or investigational in nature	100%	below five
6.1.4	There are no other services that are appropriate, efficacious, less-restrictive and cost-effective (service, setting or support)	100%	
6.1.6	Client with corrections involvement meets medical necessity	100%	below five
6.1.7	Individuals seeking treatment voluntarily who are on parole or probation are handled the same as other referrals per this contract	100%	below five
6.1.8	Services the client are receiving are provided in a culturally competent manner	100%	
6.1.9	Client records are legible	92%	
6.1.10	Provider records are available via hard copy or electronic	100%	

6.1.11	Provider records are available to fully disclose and document quantity, quality, appropriateness and timeliness of services provided	100%	
6.1.13	For clients enrolled in IOP, treatment is provided three days a week for at least nine hours total (H0015) and at least twenty hours a week (H2036)	50%	below five
6.1.14	Provider Notice of Action form has been given when change in services	100%	below five
6.1.15	If client's health or safety was in question, arrangements have been made to another provider	N/A	
6.1.16	Provider has acted within scope of practice, advocated for client in an authorization based on health status, medical care or treatment options	100%	
6.1.17	Services are based on treatment plan	83%	
6.1.18	Client has a substance use disorder	75%	
6.1.19	Progress notes reflect therapeutic techniques utilized	83%	
6.1.20	Progress notes reflect progress made in session	100%	below five
6.1.23	Treatment sessions must have the goal(s) or objective(s) that were addressed in the session	33%	below five
6.1.24	Client has met medical necessity for Outpatient Services provided	100%	below five
6.1.25	Client has met DSM criteria for a substance use disorder (mild, moderate or severe)	100%	below five
Section 6.1 Criteria Total			
6.2	Services - WSS		
6.2.1	WSS: Client has been assessed for primary medical care needs	100%	below five
6.2.2	WSS: Client has been assessed for primary pediatric care needs for children	100%	below five
6.2.3	WSS: Client has been assessed for specific substance use disorders treatment and other therapeutic interventions for women	100%	below five
6.2.4	WSS: Client has been assessed for primary interventions for children in custody of women	100%	below five
6.2.5	WSS: Client has been assessed for case management and transportation needs	100%	below five
6.2.6	WSS: If a need exists, documentation of inclusion in treatment plan	100%	below five
Section 6.2 Criteria Total			
6.4	Services – Withdrawal Management		

6.4.1	WM: Client was in facility for more than 12 hours	100%	
6.4.2	WM: Client is a resident within NMRE region or has received a waiver by NMRE.	100%	
6.4.3	WM: Treatment Plan includes referral to ongoing treatment or support services as identified on the assessment	64%	
Section 6.4 Criteria Total			

Ref #	7.0 Billing		
7.1	Claims		
7.1.1	Client record date matches billed date of service	100%	
7.1.2	Client record time in/out documented in client chart	100%	
7.1.3	Client record units matches billed units	100%	
7.1.4	Client record clinician matches billed clinician	100%	
7.1.5	Client record type of service matches billed type of service	93%	
7.1.6	Client record signed by clinician	100%	
7.1.7	For clients with SDA funding, the DHS approval letter must be included within the client chart	N/A	
7.1.8	For clients with SDA funding, client was in residence for each day SDA was utilized	N/A	
7.1.9	For clients with SDA funding, client is over the age of 18	N/A	
7.1.10	SDA funds have been utilized for residential services only	N/A	
7.1.11	Client was screened for other insurance	70%	
7.1.12	If other insurance, NMRE was billed correctly	100%	below five
7.1.13	Provider has not directly billed client, or any other entity, for services provided, with the exception of Block Grant co pays.	100%	below five
7.1.14	If Block Grant, Provider has billed NMRE correctly (utilized the Fee Scale appropriately)	N/A	
7.1.15	Financial information has been updated annually or at a change in financial status	N/A	
7.1.16	For services billed and paid inappropriately, repayment has been made.	N/A	
7.1.17	Service rendered was billed appropriately - no monies from another funding source was utilized in addition to the NMRE Contracted rate above the contracted rate	100%	below five
7.1.18	If Block Grant, client meets household income requirement	100%	below five
7.1.19	If Block Grant, client has completed finance form	100%	
7.1.20	If Block Grant, has proof of income or signed client statement	100%	below five