



Provider Network Monitoring

Partners is responsible for assuring the quality of services delivered by the Provider Network. Likewise, Partners is accountable to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) and the Division of Medical Assistance (DMA) in the management of both State and Medicaid services. In addition to state requirements, Medicaid Waiver quality requirements are extensive and include:

Health and safety of enrollees	Rights protection
Provider qualifications	Enrollee satisfaction
Management of complaints	Incident investigation and monitoring
Assessment of outcomes to determine the efficacy of care	Management of care for special needs populations
Preventive health initiatives	Clinical best practice

Frequently Asked Questions and Answers

Q: How often will I receive a monitoring review as a provider within the Partners Network?

A: Providers and Practitioners receive a monitoring review at least once every two years. The Provider Network Department maintains a schedule of monitoring reviews. A member of the Monitoring Team will contact the provider agency to schedule and coordinate a review.

Q: What is a Health and Safety Review? What happens during this review?

If a Health and Safety Site visit is required, a network monitoring specialist will schedule a site visit within 30 days the receipt of a complete, written application. If a provider requests to add a site to the contract, the site will be reviewed in all applicable areas. During the site visit, Partners' monitoring team evaluates the provider's readiness to provide services according to the requirements outlined in state regulations, the service definition(s), and the Partners' contract.

Regular Monitoring Reviews

1. Partners BHM shall monitor the service delivery and related activities of all service providers with the Provider Network for the purpose of assuring, maintaining and improving the quality of care and protecting the rights of consumers receiving Mental Health, Developmental Disability, Substance Use Services (MH/DD/SUS).
2. Monitoring is intended to assess a provider's performance across all its services and is not site or service specific.
3. Documentation material reviewed before or during a monitoring may include but are not limited to:
 - copies of the Mission Statement, Cultural Competency Plan and processes to adequately communicate with individuals needing interpretation/translation.
 - Policies and procedures (as needed), individual beneficiary/consumer records, health & safety (as applicable),
 - Copies of most recent official notification (e.g. letter, memorandum, certificate, etc.) from accrediting body.
 - For providers that receive only a provisional or one-year accreditation, the provider must submit all findings of the accrediting body for review by the MCO & documentation to indicate the requirements of Clinical Coverage Policies/service definition(s) are met, staff competencies, treatment planning and implementation, and client rights

Frequently Asked Questions and Answers (continued)

4. The frequency of monitoring shall be conducted at a minimum of every two years for Provider agencies and Licensed Independent Practitioners, which includes use of Review Tools and a Post-Payment Review. These may be used together or separately.

5. Monitoring of Provider agencies includes all GS 122C MH/IDD/SUS that are not licensed by Division of Health Service Regulation (DHSR), as well as all GS 122C MH/IDD/SUS that are licensed by DHSR, but are not surveyed annually (e.g., Psychosocial Rehabilitation (PSR), Day Treatment, Adult Developmental Vocation Program-Intellectual/Developmental Disability (ADVP-IDD), Substance Use Intensive Outpatient Program (SUIOP), Substance Use Comprehensive Outpatient Treatment (SUCOT), etc.).

Q; Can you explain Targeted Monitoring vs. Routine Monitoring?

A: Partners may conduct targeted monitoring of all service providers within the Provider Network for the purpose of assuring, maintaining, and improving the quality of care and protecting the rights of consumers receiving MH/IDD/SUS.

- o Targeted monitoring may be site and/or service specific and based on concerns identified during a scheduled monitoring or as the result of information obtained from other sources including, but not limited to: complaint/grievance investigations, incident investigations, audits, feedback from other oversight agencies or analysis of provider incidents, complaints/grievance, or performance data.
- o Targeted monitoring may be conducted within 14 business days of acknowledgement of the event/request and may be announced or unannounced based on the discretion of Partners.

Important Links

Monitoring reviews use standardized state tools that are available in the Division of Mental Health/Developmental Disabilities/Substance Abuse Services' **Provider Monitoring** webpage.:

<https://www.ncdhhs.gov/providers/provider-info/mental-health/provider-monitoring>

More details regarding Monitoring are also available in the **Provider Operations Manual**.

<https://providers.partnersbhm.org/orientation-packet-provider-operations-manual/>

Who to Contact in Provider Network Monitoring:

Larry F Holcombe, CCS, CSAC
Provider Network Manager – Gastonia Office
Partners Behavioral Health Management
Office: 704-884-2528
Fax: 704-884-2577
Email: lholcombe@partnersbhm.org

Monitoring Specialist Group pnms@partnersbhm.org