




Community Health &
Research Center

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Approved By: Mohamad Khraizat	Title: Health Operations Generalist
Signature: 	Date: 12-20-19

I. POLICY

It is the policy of the ACCESS Community Health and Research Center (ACCESS - CHRC) to comply with all applicable federal, state and local requirements for monitoring and management.

II. PURPOSE

The purpose of this policy is to delineate and describe program standards and expectations that the ACCESS programs utilize to assure compliance with all applicable standards, regulations and laws.

III. APPLICATION

This policy applies to all ACCESS employees, interns and volunteers who provide support and treatment on behalf of the ACCESS CHRC.

IV. DEFINITIONS

Accreditation: Official authorization status given an independent entity that indicates compliance with a set of standards that may include governance, administration and/or service delivery.

Coordinating Agency (CA): Providers of substance use disorder treatment in Wayne County.

Monitoring: A process utilized by Agency staff to systematically review the implementation and compliance of funded programs.

Utilization Management: Using established criteria to recommend or evaluate services provided in terms of medical necessity, effective use of resources and cost effectiveness.

V. PROCEDURES:

A. Knowledge Base

ACCESS CHRC Deputy Director, Quality Assurance Manager, Program Supervisors, Managers and Office Administrators will update the knowledge base of the programs by reading the related standards in Requests



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for Proposals; federal and state regulations and rules; state law; funding sources; and CARF and OSHA Standards. Our professionals will be supported through continuous professional development trainings via the promotion of evidence-based practices and core competencies. These competencies are deemed necessary for patient/client safety and quality care.

- Patient Care
- Medical Knowledge
- Interpersonal and Communications Skills
- Practice-Based Learning and Improvements
- Professionalism
- Systems-Based Practice

1. ACCESS CHRC Director, Medical Director, Health Operations Manager, Quality Assurance Manager, Program Coordinators, Supervisors, Managers and Office Administrators shall attend all related meetings regarding standards of care.
2. ACCESS Director, Medical Director, Health Operations Manager, Quality Assurance Manager, Program Coordinators, Supervisors, Managers and Office Administrators will share this knowledge base with the staff via Case Conferences and Supervisors/Staff Meetings. Staff, via their leadership developments roles, will also attend meetings on rotations and provide feedback to all staff as directed and report back to management.

B. Monitoring

1. ACCESS monitors compliance with standards, policies, and regulations via Staff M, Case Record Review and Quality Assurance activities.
2. ACCESS participates in external monitoring, including but not limited to comprehensive reviews and site visits by Federal Programs, MDHHS, DWIHN/Claims and Case Record Validation, CAs and CARF. Site visit frequency is set by the external reviewers.
3. A report of findings will be submitted to the ACCESS Mental Health and Family Counseling Utilization Review Committee for Action Plans/Plans of Correction.
4. If there are any areas of deficiency, the ACCESS will require an appropriate response which could include a plan of correction, immediate resolution to the deficiency or contractual sanctions.
5. ACCESS will review and monitor this activity and compliance to standards during their annual Strategic Planning, setting the Quality Assurance Performance Improvement Process (QAPIP) and Policy and Procedures Manual Review.

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VI. QUALITY ASSURANCE/ IMPROVEMENT:

The ACCESS Quality Assurance Manager and Utilization Review Committee shall review and monitor adherence to the policy as one element in ACCESS' management program.

The Quality Assessment and Performance Improvement Program (QAPIP) Includes measures for both the monitoring of and for the continuous improvement in the quality of the program or process described in this policy. The goals of the QAPIP are:

1. Goal: Increase Stakeholder Participation in the Design, Delivery and Participation in the Design, Delivery and Evaluation of Services
2. Goal: Improve the Culture of Systems of Care
3. Goal: Assure Active Consumer Engagement
4. Goal: Support Maximum Consumer Choice and Control
5. Goal: Expand Opportunities for Integrated Employment
6. Goal: Treatment for People in the Criminal Justices System
7. Goal: Assess Needs and Manage Demand
8. Goal: Coordinate and Manage Care
9. Goal: Improve the Quality of Supports and Services
10. Goal: Develop and Maintain a Competent Workforce
11. Goal: Achieve Administrative Efficiencies

VII. COMPLIANCE WITH ALL APPLICABLE LAWS:

ACCESS is bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies and administrative directives in effect and as may be amended.

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VI. LEGAL AUTHORITY AND REFERENCES:

- A. Michigan Mental Health Code, P.A. 258 of 1974, as amended; MCL 330.1206, MCL 330.1226
- B. 42 Code of Federal Regulations 440.170, 42CFR441.62
- C. DWMHA Network Monitoring and Management Policy, June 6, 2012

VII. EXHIBITS:

DWMHA Case Record Review
Claims Verification Forms
Utilization Review Committee Agenda Template