

**STATE OF MA DOCUMENTATION PROJECT
COMPLIANCE REVIEW TEAM
06-07-07**

Consultant: Mary Thornton, MTA, Inc.

Facilitator: Kathy Janssen, Riverside

Present: Jim Haughey, BHN, Madeline Becker, Vinfen, Fran Markle, High Point, Jane Eckert, MSPCC, Carol Kress, MBHP, Christine Paschal, Wayside, Grace Beason, DMH, Michele Savage, BayCove Human Service, Marcy Morgenbesser Network Health, Doug Thompson, Beacon Health, Craig Gaudette, Advocates, Inc.,

Absent: Michael Wagner, North Suffolk, Judith Boardman, HES

AGENDA

1. Introductions
2. Inpatient Medicaid – Mary will update us on her discussion with David
3. MCO Audit Tools – Mary will distribute those she has obtained
4. Review the group’s editorial suggestions for the Progress Note – did a review of regs/accrediting standards find anything missing? What Comments should we include?
5. Review the group’s editorial suggestions for the Assessment Tool – did a review of regs/accrediting standards find anything missing? What Comments should we include?
6. Begin work on the treatment plan tool
7. Other
8. Date/Time/Place of Next Meeting: June 21st, 9:30- 4:30, MHSAMC Offices

MINUTES

1. Agreed that team members will send information to Kathy and Mary instead of just sending it to Kathy to forward to Mary.
2. Updated the “Comments” column on the Progress Note Grid.
3. Did a final review of the elements in the assessment in order to determine what could be eliminated, and if anything needed to be added.
4. Updated the “Comments” column on the assessment grid.
5. Identified who requires diagnostic updates:
 - JCAHO: when warranted: if more than 1 time/year must explain why
 - CARF: annually required only for SEE ;program;
 - MCO’s – not required have limits on what is paid
 - COA
 - DMH – require annual update ??? Grace Beason
 - BSAS - no
6. Reviewed elements on SOQICC to see what is required in MA
7. Everyone will get to Mary what they have agreed to by Monday 6-18-07

Homework

GROUP

1. Members will identify programs that require medical assessments
2. Need to clarify “Date of Admission” and “Date of Assessment”
3. Send Mary regs on treatment updates and reviews
4. Members will check their regs to see if a reason or date of discontinuation is required
5. Members will check to see if discharge criteria are required in the treatment plan
6. Mary and Kathy will review Medicare regs
7. Look to see if shift notes are required for residential
8. Check on requirement of diagnostic update, and specialty assessments
9. Everyone will review the revised grids for progress notes and assessments

INDIVIDUAL

1. Representatives from MBHP and MCOs will indicate “AT” in the “Comments” column for elements that are on their company’s audit tool.
2. BSAS requirements on Supervisor co-signing progress notes will be reviewed by Doug Thompson
3. Michele Savage will check FDA, DEA, and State Methadone Authority regs on progress note requirements
4. Carol Kress will provide MBHP performance specs on partial hospitalization progress notes
5. Fran Markle will send Mary the specific requirements for clients with opioid dependence which she will include in a special section of the grid
6. Mary will clarify if treatment plan updates (not reviews) need to be approved by MD. Does the Medicaid waiver cover this? This relates to the previous question Mary has asked Vic to check on – are we covered by the 440, 438 regs? Do MD’s “order” treatment, or “review” it.
7. Michele will scan service plan regs to Mary for BSAS
8. Mary will check to see if we need a physician ordering form
9. Mary will check to see if Medicaid covered inpatient levels of care are part of this project