

The SWMBH FY2024 Clinical Quality Audit and Monitoring Plan reviews services delivered by CMHSPs as well as contracted service providers to assess compliance with applicable Federal and State billing and licensing rules, applicable contracts, and SWMBH policies and procedures. The reviews are also designed to monitor and detect deficiencies in business processes, documentation, and scope of care.

	Audit Topic	Audit Mechanism	Known Risks and/or Purpose of Audit	Frequency of Audits	Responsibility
1	SUD Site Review	Annual review of SUD Providers, including CMHSP SUD Providers, including an administrative review and a clinical file review of services paid for utilizing Medicaid, Healthy Michigan Plan (HMP), and Block Grant funds.	1) Past audit findings through SWMBH.	Sample size is 5% with a minimum of 8 files and a maximum of 20 records. If multiple sites, files to be reviewed from each site. SUD clinical to determine focus population(s) and review entire scope of care (not DOS specific).	SWMBH Provider Network and SWMBH Clinical Quality/SUD Department
2	Inpatient Psychiatric Hospital Services Clinical Review	Administrative and Clinical review of inpatient psychiatric services paid for utilizing Medicaid and Healthy Michigan Plan (HMP) funds.	1) Services have been subject to minimal review in the past and are a high cost service; 2) Review pursuant to the PIHP Statewide Provider Monitoring - Inpatient Protocol under the Statewide Reciprocity Agreement; 3) Claims/coding/payment/COB accuracy due to past audit findings regarding coding accuracy & documentation sufficiency.	SWMBH Clinical Quality working with Statewide Reciprocity Workgroup re: Inpatient Review methodology, and working with CMHSP PNM/RR officers re: responsibility for auditing inpatient providers physically located within Region 4. Review will utilize approved Inpatient Protocol.	Coordinated by SWMBH Provider Network/Clinical Quality for entire Region pursuant to the PIHP Statewide Inpatient Reciprocity protocol
3	Crisis Residential Administrative Services Review	Administrative and Clinical review of crisis residential services paid for utilizing Medicaid and Healthy Michigan Plan (HMP) funds.	1) Administrative oversight and monitoring as well as Clinical quality and adherence to the standards outlined in the Medicaid Provider Manual.	Annual sample size of 5% of staff for each provider with a minimum of 8 clinical files. Clinical sample size is 5% or no less than 8 files, staff file sample size is 5% or no less than 5 files. If multiple sites, files to be reviewed from each site. Provider Network with stratify within Universe to determine focus areas. Not DOS specific, rather review will focus on entire scope of care.	SWMBH Provider Network Management & SWMBH Clinical Quality

4	Annual CMHSP Site Review	Administrative and Clinical review of functions delegated to participant CMHSP related to Medicaid and Healthy Michigan Plan (HMP) funds.	1) Title 42: Public Health PART 438—MANAGED CARE Subpart D—MCO, PIHP and PAHP Standards §438.230 Sub contractual relationships and delegation	Sample size is 5% with a minimum of 8 files and a maximum of 20 records. If multiple sites, files to be reviewed from each site. Clinical Quality/SUD determine focus population and review entire scope of care (not DOS specific).	SWMBH Provider Network, SWMBH Clinical Quality, and SWMBH SUD Departments
5	Autism Provider Review	Annual review of ABA Providers, including an administrative review and brief clinical review for State of Michigan quality metrics.	1) Administrative oversight and monitoring as well as Clinical quality and adherence to the standards outlined in the Medicaid Provider Manual.	Minimum of 8 files. Clinical Quality to determine necessity if additional files are needed. If multiple sites, files to be reviewed from each site. Provider Network will stratify within Universe to determine focus areas. Not DOS specific, rather review will focus on entire scope of care.	SWMBH Provider Network Management & SWMBH Clinical Quality