

F&C	X	PHC (HMO SNP ⁴)	X
MSC+ ¹	X	MnCare	X
PWSHC (HMO SNP) ²	X	Part D	
SNBC ³	X	Other	

Gray text indicates quoted regulatory, statutory, or other language not subject to change

Policy Name	Mental Health Targeted Case Management
Policy Number	CC23
Origination Date	June 2011
Revision Effective Date	June 3, 2021
Responsible Position	Behavioral Health Manager
Regulatory Requirement(s)	2021 Minnesota Department of Human Services (DHS) Families and Children contract, sections 6.1.17(5)(a), 6.1.29 – 6.1.30, and 6.1.32 2021 DHS Special Needs BasicCare (SNBC) contract, sections 6.1.18(5)(a), 6.1.34, 6.1.35, and 6.1.37 2021 Minnesota Senior Health Options/Minnesota Senior Care Plus (MSHO/MS C+) contract, sections 6.1.17(5)(a), 6.1.35, and 6.1.37 MN. Stat. secs. 245.461 – 245.486, 245.487 – 245.4889, and 256B.0625, subd. 20 MN Rules parts 9520.0900 – 9520.0926 Title 42 Code of Federal Regulations (CFR) Parts 435.1008 – 1009, 440.60(a), 440.160, 42 CFR 440.170(e); and 440.230 Title XIX, Section 1915(g) of the Social Security Act
Cross-References	UM01: Utilization Management Structure/Plan UM13: Notices of Denials, Terminations, or Reductions (DTRs) of Services CC22: Case Management/Care Coordination for Behavioral Health
Attachments	

Policy

Pursuant to the above regulatory authorities, PrimeWest Health provides case management services to the extent authorized by the State agency to people with Serious and Persistent Mental Illness (SPMI) and children with Severe Emotional Disturbance (SED). Services provided must meet the relevant standards under Minnesota Statutes, §§245.461 to 245.4887, 245.4889, 256B.0945, and 253B the Comprehensive adult and children's Mental Health Acts, Minn. R. 9520.0900 to 9520.0926, and 9505.0322, excluding subpart 10. This Policy and Procedure has the statutory requirements incorporated into the language and at times is directly taken from the Statute.

Definition(s)

Serious and persistent mental illness (SPMI) (MN Stat. sec. 245.462, subd. 20): An organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the clinical manual of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) code range F01-F99 or the corresponding code in *the American Psychiatric Associations Diagnostic and Statistical Manual of Mental Disorder (DSM-5)*, current edition, Axes I, II, or III and that seriously limits a capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, and recreation.

1. An "adult with an acute mental illness" means an adult who has a mental illness that is serious enough to require prompt intervention.

¹PrimeWest Health's Minnesota Senior Care Plus (MSC+) program for members who have only Medicaid coverage through PrimeWest Health

²PrimeWest Health's Minnesota Senior Health Options (MSHO) program for members who have both Medicaid and Medicare coverage through PrimeWest Health

³PrimeWest Health's Special Needs BasicCare (SNBC) program for members who have only Medicaid coverage through PrimeWest Health

⁴PrimeWest Health's Special Needs BasicCare (SNBC) program for members who have both Medicaid and Medicare coverage through PrimeWest Health

2. For purposes of case management and community support services, a “person with SPMI” means an adult who has a mental illness and meets at least one of the following criteria:
 - a. The adult has undergone two or more episodes of inpatient care for a mental illness within the preceding 24 months;
 - b. The adult has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months’ duration within the preceding 12 months;
 - c. The adult has been treated by a crisis team two or more times within the preceding 24 months;
 - d. The adult:
 - i. has a diagnosis of schizophrenia, bipolar disorder, major depression, or a borderline personality disorder;
 - ii. indicates a significant impairment in functioning; and
 - iii. has a written opinion from a mental health professional, in the last three years, stating the adult is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in clause (a) or (b), unless ongoing case management or community support services are provided;
 - e. The adult has, in the last three years been committed by a court as a person who is mentally ill under chapter 253B, or the adult’s commitment has been stayed or continued; or
 - f. The adult was eligible under clauses (a) to (e), but the specified time period has expired or the adult was eligible as a child under section 245.4871, subd. 6; and the adult is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in clause (a) or (b), unless ongoing case management or community support services are provided.
 - g. The adult was eligible as a child under section 245.4871, subd. 6, and is age 21 or younger.

Severe Emotional Disturbance (SED) MN Stat. sec. 245.4871, subd. 6: For purposes of eligibility for case management and family community support services, “Child with SED” means a child who has an emotional disturbance and who meets one of the following criteria:

1. The child has been admitted within the last three years or is at risk of being admitted to inpatient treatment or residential treatment for an emotional disturbance;
2. The child is a Minnesota resident and is receiving inpatient treatment or residential treatment for an emotional disturbance through the interstate compact; or
3. The child has one of the following as determined by a mental health professional:
 - a. Psychosis or clinical depression;
 - b. Risk of harming self or others as a result of an emotional disturbance;
 - c. Psychopathological symptoms as a result of being a victim of physical or sexual abuse or of psychic trauma within the past year; or
 - d. The child, as a result of an emotional disturbance, has significantly impaired home, school, or community functioning that has lasted at least one year or that, in the written opinion of a mental health professional, presents substantial risk of lasting at least one year.

Procedure

A. Referral and Eligibility

1. Referrals

- a. A new member or existing member may be referred to PrimeWest Health or his/her county of residence for Mental Health Targeted Case Management (MH-TCM).
 - i. Referrals can come from the following sources:
 - County case managers
 - Physicians
 - Mental health professionals and providers
 - Member (self-referral)
 - Parent (if referring a minor child)
 - Legal guardian
 - ii. Referrals can be made to the following entities:
 - PrimeWest Health Utilization Management (UM) department. Phone: **1-866-431-0803** (toll free); fax: **1-866-431-0804** (toll free)
 - Member's County Social/Human/Family Services department
- b. As soon as the county has enough documentation to support services, the county must submit the authorization request and supporting documentation to PrimeWest Health via the provider web portal within three business days. PrimeWest Health determines if the member is eligible for MH-TCM based on the child or the adult meeting the following criteria: SED – MN Stat. sec. 245.4871, subd. 6 and SPMI – MN Stat. sec. 245.462, subd. 20. PrimeWest Health accepts a signed statement from a mental health professional stating that the member meets the criteria for either serious and persistent mental illness (SPMI) or severe emotional disturbance (SED) for eligibility but requires a full diagnostic assessment be completed on the member within four months. The most common documentation to determine eligibility is a diagnostic assessment. PrimeWest Health reviews the diagnostic assessment using the following criteria:
 - i. The diagnostic assessment (cannot be older than 180 days)
 - ii. Documentation to support the SED/SPMI status of the individual meeting statutory criteria (MN Stat. sec. 245.4871, subd. 6 and 245.462, subd. 20)
 - iii. The Minnesota Department of Human Services (DHS) Adult Diagnostic Verification Form (DHS-6069A-ENG) form or the Child/Adolescent Diagnostic Verification Form (DHS-6069B-ENG)
- c. If a written statement by a mental health professional is used to determine eligibility, a diagnostic assessment must be obtained four months from the date eligibility is determined. If there is a substantial break in the provision of MH-TCM (more than six months) and the person is referred again for MH-TCM, a signed statement from a mental health professional indicating that the person has a significant impairment in functioning and is reasonably likely to have future episodes requiring inpatient hospitalization or residential treatment unless ongoing case management or community support services is required. MH-TCM can resume based on the previously completed diagnostic assessment, as long as it is not more than three years old. If the diagnostic assessment is more than three years old, a new diagnostic assessment is required to continue services. If the break is less than six months, MH-TCM services can resume using the diagnostic assessment on which that eligibility determination was based.
- d. If a member needs assistance obtaining a diagnostic assessment, the Social/Human/Family Services department of the county in which the member resides assists the member obtain a diagnostic assessment. If the county is unable to assist the member, a PrimeWest Health care coordinator assists the member with setting up a provider for a diagnostic assessment. The assessment is offered within 10 business days of member request for or consent to services. If a mental health professional conducts a diagnostic assessment for a child of a minority race or minority ethnic heritage, the mental health professional also must be skilled in and knowledgeable about the child's minority racial and minority ethnic heritage.
- e. PrimeWest Health has **five business days** from the date PrimeWest Health receives the referral to notify the provider and member that the member **may** be eligible for MH-TCM. (MN Stat. sec. 245.4881, subd. 2 and 245.4711 subd. 1; MN Rules part 9520.0906).

B. Authorization of Services

1. Once PrimeWest Health has received the Service Authorization request for MH-TCM from the county or authorized provider, PrimeWest Health has 10 business days to determine eligibility. If determined eligible, a service notification letter is sent to the provider and the member.
2. **Determination of continued eligibility** – In order for a member to maintain eligibility for MH-TCM, a new diagnostic assessment must be completed every 36 months to determine whether the member continues to have a diagnosis of SPMI or SED. Unless a member's mental health status or behavior has changed markedly since the member's most recent diagnostic assessment, only updating of the diagnostic assessment is necessary. If the member's mental health status or behavior has changed markedly, a new diagnostic assessment must be completed.
3. Notification: A PrimeWest Health care coordinator, upon notification of the use of the mental health crisis response team, contacts the assigned MH-TCM provider of the need for crisis services within one business day.

C. Case Management Process and Requirements

1. The role of the case manager is to inform and help members gain access to needed available services and resources. The case manager notifies the MH-TCM provider for assignment of a mental health targeted case manager. The provider must assign a mental health targeted case manager within five business days. The assigned mental health targeted case manager attempts to contact the member or the member's parent or legal representative no later than 15 business days after the county receives the referral or request.
 - a. The county ensures the following documents are completed and in the member's record:
 - i. Level of Care Assessment:
 - LOCUS: Level of Care Utilization System
 - Adults age 18 – end of life
 - Conducted every 180 days or as status changes
 - Score for eligibility is 3 (PrimeWest Health accepts DHS's rating form DHS-6249-ENG)
 - If the Level of Care recommendation is different from what the composite score indicates, a summary statement of the clinical need for a higher level of service must accompany the form.
 - CASII: Child and Adolescent Service Intensity Instrument
 - Children ages 6 – 21
 - Conducted by a mental health professional with input from the case manager as appropriate
 - Conducted upon intake and every 180 days or with status change
 - ECSII: Early Childhood Service Intensity Instrument
 - Children under age 6
 - Conducted by a mental health professional
 - Conducted upon intake and every 90 days or with status change
 - All mental health professionals conducting a level of care assessment must have relevant training to the assessment being conducted.
 - ii. Functional Assessment (mental health targeted case managers must complete this a minimum of every six months; mental health targeted case managers use the diagnostic assessment to address identified functional needs)
 - Each member receiving MH-TCM must have the following areas of function assessed every 180 days or with significant functional status change
 - Mental health symptoms as present in the adult's/child's diagnostic assessment
 - Mental health needs as presented the adult's/child's diagnostic assessment
 - Use of drugs and alcohol
 - Vocational and educational functioning
 - Social functioning, including the use of leisure time
 - Interpersonal functioning, including relationships with the adult's/child's family
 - Self-care and independent living capacity
 - Medical and dental health
 - Financial assistance needs
 - Housing and transportation needs

iii. Care plans

- For purposes of MH-TCM, the care plan for adults is referred to as the Individual Community Support Plan (ICSP). The care plan for children is referred to as the Individual Family Community Support Plan (IFCSP).
 - **ICSP** – The ICSP is a written document developed by a case manager on the basis of the diagnostic assessment, a functional assessment, and LOCUS. The plan must identify the following specific services need by an adult with SPMI to develop independence or improved functioning in the following (MN Stat. sec. 245.462, subd. 12):
 - Daily living
 - Health and medication management
 - Social functioning
 - Interpersonal relationships
 - Financial management
 - Housing
 - Transportation
 - Employment

The plan must also include the following:

- Goals and objectives of treatment
- Treatment strategies
- Schedule for accomplishing treatment goals and objections
- The individual responsible for providing treatment for the adult
- Coordination of services if more than one case manager is involved
- The circumstances that necessitate each case management service
- Specific case management roles and responsibilities, including, for each type of service, who will do the following:
 - Coordinate
 - Ensure access
 - Monitor
- Frequency of contact between case managers for the purpose of coordinating services
- Services the member needs
- **IFCSP** – The IFCSP is a written document developed by a case manager on the basis of the diagnostic assessment and a functional assessment. The plan must identify the following specific services needed by a child with SED and the child's family to address the following areas (MN Stat. sec. 245.4871, subd. 19):
 - Treat the symptoms and dysfunctions determined in the diagnostic assessment
 - Relieve conditions leading to emotional disturbance and improve the emotional well-being of the child
 - Improve family functioning
 - Enhance daily living skills
 - Improve functioning in education and recreation settings
 - Improve interpersonal and family relationships
 - Enhance vocational development
 - Assist in obtaining transportation, housing, health services, and employment

The plan must also include the following:

- Coordination of services if more than one case manager is involved
- The circumstances that necessitate each case management service
- Specific case management roles and responsibilities, including, for each type of service, who will do the following:
 - Coordinate
 - Ensure access
 - Monitor

- Frequency of contact between case managers for the purpose of coordinating services
 - Services the member needs
- The IFCSP and the ICSP must be completed 30 days after the service notification letter is sent to the member and provider after the determination of eligibility. The IFCSP and ICSP must be updated at a minimum of every 180 days or more often if requested by the individual or family (MN Rules 9520.0914 subp. 2(A)(1) and (2) and MN Rules 9520.0914 subp. 2(B)(1) and (2)).
 - **Additional requirements for the mental health targeted case manager:**
 - **Children:**
 - The case manager will arrange for a standardized assessment by a physician chosen by the child's parent, legal representative, or the child as described in MN Rules 9520.0907 for the side effects related to the administration of the child's psychotropic medication if applicable, and monitor progress towards achieving outcomes specified in the IFCSP.
 - Coordinate support services needed by the child and the child's family.
 - Note in the record any unmet needs of the child and the child's family due to unavailability (IFCSP best location).
 - Participate in discharge planning to assure smooth transition when the child is placed out of home.
 - Six months prior to the child's 18th birthday, assist the child and child's family with the continuation of mental health and case management services as needed.
 - **Adults:**
 - Monitor progress toward achieving outcomes.
 - Involve the adult, the family, physician, mental health providers, other services providers, and other interested parties in the development of the ICSP.
 - If needed, arrange for a standardized assessment by a physician of the adult's choice of side effects related to the administration of psychotropic medication.
 - **Children and adults:**
 - Advise of the right to Appeal if mental health services are denied, suspended, reduced, terminated, not acted upon with reasonable promptness, or are claimed to have been incorrectly provided.
 - The case manager will ask each member about other services he/she is receiving, including case management or service coordination. Occasionally, a member may need MH-TCM services from another agency or program, or be assigned a case manager by the other agency or program, for example, when:
 - A civil commitment exists
 - The member receives child welfare or waived services
 - The member has been diagnosed with a developmental disability or a related condition and mental illness and/or is determined to be SED
 - The member was assessed as having a substance use disorder and diagnosed with a mental illness and/or is determined to be SED

b. Visit Frequency

- i. **Adults:** The adult's mental health targeted case manager must attempt to meet with the adult at least once every 30 calendar days or at least once within a longer interval of between 30 – 90 calendar days as specified in the adult's ICSP. The mental health targeted case manager must be available to meet more frequently with the adult at the request of the adult. The standard for face-to-face contact is at least monthly. Face-to-face contact of less than monthly is **not** an acceptable standard for the large majority of members receiving MH-TCM services. Although Minnesota Rule allows for less frequent contact, that is to be applied in certain situations. For example, prior to closing MH-TCM services, the member and the member's mental health targeted case manager might plan for less than monthly face-to-face contact to help determine the member's self-sufficiency and aptness of case closure planning. Face-to-face contact of less than once per month must be supported by an evaluation of the individual's functioning and planned in the written ICSP. Adult MH-TCM reimbursement is a monthly rate paid if at least one MH-TCM core service component is provided in at least one face-to-face contact with the adult

- during that month; or at least a telephone contact within which at least one MH-TCM core service component is provided with the adult or the adult's legal representative, plus a face-to-face contact with the adult or the adult's legal representative within the preceding two months. Reimbursement for qualifying services should not be interpreted as the service standard for face-to-face contact frequency.
- ii. **Children:** A child's mental health targeted case manager must **attempt** to meet with the child at least once every 30 days. MH-TCM reimbursement is a monthly rate paid if at least one MH-TCM core service component is provided in at least one face-to-face contact with the child, the child's parents, or the child's legal representative during that month. A child's mental health targeted case manager must be available to meet with the child's parent or legal representative upon request of the parent or representative. It is considered best practices to meet with the child a minimum of one time a month, but there are times when it is appropriate to meet with the family without the child being present. The reason for such a meeting must be documented in the child's record.
 - c. **Billing:** In order to be eligible for a billable service, one of the following core services of MH-TCM must be met:
 - i. Assessment
 - ii. Development of a specific care plan
 - iii. Referral and related activities to obtain needed services
 - iv. Monitoring and follow-up activities
 - d. Per MN Rule, MH-TCM does **not** include the following:
 - i. The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred; such as: helping move a member's furnishings, transportation of a member, or legal services
 - ii. Activities integral to the administration of foster care programs
 - iii. Activities for which third parties are legally obligated to pay
 - iv. Services that are integral components of another Medicaid service; such as: rehabilitation services, therapeutic support services, therapy, diagnostic assessment, or medication management
 - v. Initial eligibility/financial/fee assessment service description (before the individual is determined to be eligible for MH-TCM)
 - vi. Outreach (case findings)
 - vii. Provision of other mental health services
 - viii. Transporting of member – service description transportation
 - ix. Supervision/clinical supervision

D. Civil Commitment

- 1. The county pre-petition screening teams are required to notify PrimeWest Health within 72 hours when a member is the subject of a pre-petition screening investigation. The PrimeWest Health mental health targeted case manager shall: work with hospitals, pre-petition screening teams, family members or representatives, and current providers, to assess the member and develop an individual care plan that includes diversion planning and least restrictive alternatives consistent with the Commitment Act. This may include the following:
 - a. Testifying in court
 - b. Preparing and providing requested documentation to the court
 - i. Report to the court within the court-required timelines regarding the member's care plan status and recommendations for continued commitment, including, as needed, requests to the court for revocation of a provisional discharge
 - ii. Provide input only for pre-petition screening, court-appointed independent examiners, substitute decision-makers, or court reports for members who remain in the facility to which they were committed
 - iii. Provide mental health case management coverage which includes discharge planning for up to 180 days prior to a member's discharge from an inpatient hospitalization in a manner that works with, but does not duplicate, the facility's discharge planning services
 - iv. Ensure continuity of health care and case management coverage for members in transition due to change in benefits or change in residence.

2. Under Minnesota's current MH-TCM billing system, "reimbursable" means that the activity can be included in the monthly rate reimbursed for case management services. The following activities may be reimbursable if a billable contact, as defined above, occurs in the same month:
 - a. Diversion planning (assessment and planning)
 - b. Participation in commitment hearings and related negotiations (assessment and planning)
 - c. Follow-up reporting to the court after commitment, or as part of a continuance or stay (monitoring and related activities and coordination)
 - d. Discharge planning (planning and referral)
 - e. Provisional discharges (planning and referral)
 - f. Request for revocation of provisional discharge or stay, or extension of commitment or stay, and associated notices to member and others (monitoring)
 - g. Final report to court prior to discharge of commitment (planning and monitoring)
3. **Commitment Act activities that are not reimbursable as MH-TCM**
 - a. Pre-petition screening
 - b. Court-appointed independent examiner(s) role activities
 - c. Substitute decision maker role activities
 - d. Court reports for persons who are under commitment in the facility to which they were committed, in which case the facility is responsible for the court reports.

E. Case Manager Qualifications

1. Eligible case management service providers must be employed by a county or under contract with PrimeWest Health to provide MH-TCM services. The case management service providers must be:
 - a. Case management mentors
 - b. Case management supervisors
 - c. Case manager associates (CMAs)
 - d. Case managers
 - e. Immigrant case managers
2. A case management mentor is a qualified, practicing case manager or case manager supervisor who teaches or advises and provides intensive training and clinical supervision to one or more CMAs.
3. A case management supervisor must be a mental health professional.
4. A CMA must be at least 21 years of age, have at least a high school diploma or its equivalent, work under the direction of a case manager or case management supervisor, and:
 - a. Have an associate of arts degree in one of the behavioral sciences or human services;
 - b. Be an RN without bachelor's degree;
 - c. Within the previous 10 years, had:
 - i. Three years of life experience with SPMI; or
 - ii. SED as a child; or
 - iii. Three years' life experience as a primary caregiver to an adult with SPMI, if providing case management to adults; or three years' life experience as a primary caregiver to a child with SED if providing case management to children.
 - iv. Have 6,000 hours' work experience as a state hospital technician (no degree); or
 - v. Be a mental health practitioner
5. CMAs may qualify as a case manager after four years of supervised work experience as a CMA.
6. Mental health practitioners may qualify as a case manager after three years of supervised experience as a CMA.
7. A case manager must have a bachelor's degree in one of the behavioral sciences or related fields, including but not limited to social work, psychology, or nursing from an accredited college or university; or, if without a degree, must:
 - a. Have a minimum of three years' experience as a CMA
 - b. Be a registered nurse without a bachelor's degree and have a combination of specialized training in psychiatry and work experience consisting of community interaction and involvement
 - c. Be a person who qualified as a case manager under the 1998 DHS waiver provision and meets the continuing education and mentoring requirements.
8. An **immigrant case manager**, who does not meet the qualifications as stated above, may provide case management services to members with SPMI or SED who are immigrants if he/she is a member of the same ethnic group as the member and:

- a. Is currently enrolled in and actively pursuing credits to complete a bachelor's degree in one of the behavioral sciences or related field from an accredited college or university;
- b. Completes 40 training hours approved by DHS in case management skills and in the characteristics and needs of adults with SPMI or children with SED; and
- c. Receives clinical supervision at least once per week until the requirements of obtaining a bachelor's degree and 2,000 hours of supervised experience are met.

9. Case Manager Supervision and Continuing Education Requirements

- a. Case managers with 2,000 hours or more supervised experience in the delivery of mental health services must receive 38 hours per year of ongoing supervision and clinical supervision.
 - i. At least one hour per month must be under clinical supervision in individual service delivery with a case management supervisor.
 - ii. The remaining 26 hours of clinical supervision may be provided by a case manager with two years of experience.
- b. Case managers without 2,000 hours of supervised experience in delivery of mental health services must receive:
 - i. 40 hours' training approved by DHS in case management skills and in the characteristics and needs of adults with SPMI or children with SED; and
 - ii. One hour per week of clinical supervision in individual service delivery from a mental health professional until 2,000 hours experience are met.
- c. A case manager who is not licensed, registered, or certified by a health-related licensing board must receive 30 hours continuing education and training in mental illness and mental health services every two years.
- d. Group supervision may not constitute more than one-half of the required supervision hours.
- e. Clinical supervision related to a member must be documented in the member's record.

10. CMA Supervision and Continuing Education Requirements. CMAs must:

- a. Receive 40 training hours approved by DHS in case management skills and in the characteristics and needs of adults with SPMI or children with SED;
- b. Annually receive at least 40 hours of continuing education in SMPI/SED and mental health; and
- c. Receive at least five hours of mentoring per week from a case management mentor, of which at least two hours must be individual and face-to-face.

F. Audit Process: Annually or as necessary, PrimeWest Health conducts a record audit for members receiving MH-TCM.

1. The following methodology is used when conducting MH-TCM audits:

- a. Either of following methods may be used:
 - i. Method one:
 - Ten percent of records are randomly selected and pulled for each agency.
 - If a 10 percent selection of the records results in a sample of fewer than 10 records, all records are selected and pulled.
 - If there are fewer than 10 total records, all records are selected and pulled.
 - Records pulled are audited using the PrimeWest Health MH-TCM audit tool.
 - If the audited records result in at least 90 percent compliance, the agency passes the audit.
 - If the audited records result in less than 90 percent compliance, a Corrective Action Plan (CAP) is required.
 - ii. Method two:
 - For each agency, up to 30 records are randomly selected and pulled. If there are fewer than 30 records, all available records are pulled. From this sample, a random selection of eight records is audited. If there are fewer than eight total records, all available records are audited.
 - Records pulled are audited using the PrimeWest Health MH-TCM audit tool.
 - If the first eight records (or total available records if fewer than eight) audited for an agency result in at least 90 percent compliance, the agency passes the audit.
 - If any of the first eight records audited for an agency produce a "not met" score for any of the outcomes outlined in the applicable audit tool, the remaining records for that agency (up to 22) are audited, and the 90 percent threshold is applied to determine if the agency passes the audit.

- If the audited records result in less than 90 percent compliance, a CAP is required.
 - If there are eight or fewer records and one or more results in a “not met” score for any of the outcomes outlined in the applicable audit tool, a CAP is required.
2. Results of the care plan audit are reviewed at the exit interview with each agency.
 3. A formal letter with the care plan audit results is sent to Public Health and Human Services directors and supervisors within 30 days of the audit completion.
 4. Once an agency has been compliant with an MH-TCM audit for three consecutive years, the agency is not audited for another three years.

Violation of this Policy or Procedure

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to PrimeWest Health. Remediation for violators includes, but is not limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Signatures

Medical Director Approval:



Susan Paulson, MD
Chief Senior Medical Director

Date: 6/3/2021

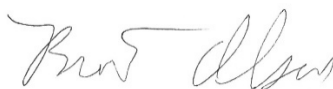
Psychiatric Medical Director Approval:



Greg Thelen, MD
Psychiatric Medical Director

Date: 6/3/2021

Board Approval:



Brent Olson, Chair
PrimeWest Health Joint Powers Board of Directors

Date: 6/3/2021