Developing an Effective Plan of Correction (POC)

June 2015
Objectives

• Provider will gain a better understanding of POC procedures

• Provider will gain a better understanding of the POC review criteria

• Provider will review problem analysis tools to assist in POC development
LME/MCO Role in POC Process

Alliance adheres to the procedures as delineated in the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) Plan of Correction Policy (12/15/08)


Per policy, LME/MCO’s are responsible for:

• Determining that a POC is required
• Review and approval of the POC
• Follow-up to the POC
Challenges with POC process (per Providers via Survey Monkey)

- Knowing how much information to include in the plan. i.e. supporting documents, policies, etc.
- Making sure we are accurately addressing all that the oversight agency expects in response
- If our response is insufficient, will we be able to get feedback in order to prepare a more appropriate response? Is this consultative?
- Measures of success?
- Timeframes?
- Interpretation; understanding exactly what the core issues are
- POC’s take a lot of time
What is a POC?

Plan of Correction:
This is a written document developed by the Provider that specifies how the Provider will address each out-of-compliance finding, violation or deficiency identified by Alliance. The Plan of Correction must be approved by Alliance as adequately addressing the issues in need of correction. Alliance will conduct a follow-up review to ensure that the plan has been implemented and fully integrated into the Provider’s operation and that all deficiencies have been corrected and are unlikely to re-occur.
What may necessitate a POC?

Alliance is responsible for conducting the following activities:

- Claim audits
- Routine monitoring/evaluation reviews
- Complaint investigations
- Fraud and Abuse Investigations
- QM activities (NC-TOPPS)
- Block Grant Audits

Out-of-compliance findings that result from these activities may necessitate a POC
Statement of Deficiencies

- This is an example of the document you will receive from Alliance detailing the out-of-compliance findings
- You will use this form to document your POC, including corrective action steps, responsible parties, implementation and completion dates

| Provider enters info in these four areas |

<table>
<thead>
<tr>
<th>Provider Name:</th>
<th>ABC Provider Agency, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service(s) Reviewed:</td>
<td>Behavioral Outpatient Services</td>
</tr>
<tr>
<td>Type of Review:</td>
<td>Routine Monitoring</td>
</tr>
<tr>
<td>Date of Review:</td>
<td>April 23, 2015</td>
</tr>
<tr>
<td>Phone:</td>
<td>919-555-5555</td>
</tr>
<tr>
<td>Fax:</td>
<td>919-555-5556</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:blouwho@hotmail.com">blouwho@hotmail.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Finding</th>
<th>Corrective Action Steps</th>
<th>Responsible Party</th>
<th>Time Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finding: Service Plans&lt;br&gt;7 of 8 (88%) records reviewed did not contain service plans as required</td>
<td>Implementaton Date</td>
<td></td>
<td>Projected Completion Date</td>
</tr>
<tr>
<td>Reference: DMA Clinical Coverage Policy 8C</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provider enters info in these four areas
Per DMH/IDD/SAS Policy:

The Provider’s POC must include, at a minimum:

• A reference to the Out-of-Compliance finding(s)
• A description of how corrections are to be made
• A timetable for the implementation and completion of corrective action(s)
• The responsible person(s) who will ensure that the POC is followed
General Timeframes

Provider has two opportunities to submit an acceptable POC

• First attempted POC is submitted within 15 days* from issuance of out-of-compliance findings
  •  Alliance reviews and responds within 15 days

• Second attempted POC is submitted within 10 days from notification that the POC was not approved  (note: second attempted POC should be comprehensive, including acceptable items from first POC and required revisions and/or additions)
  •  Alliance reviews and responds within 15 days

• If POC is approved, Alliance will conduct implementation review within 60 days (2 chances for successful implementation)

*days= calendar days; Refer to DMH policy for specific timeframe info
POC Review Criteria

1. Has the provider accurately stated the issue to be corrected?
2. Are the corrective action steps appropriate to address the issue to be corrected?
3. Are corrective action steps realistic for the provider to accomplish?
4. Is the timetable realistic for the provider to accomplish?
5. Is the timetable compact enough to assure corrective action in a reasonable time?
6. Are the corrective action steps addressed in sufficient detail to indicate a thoughtful and planful response to the issue to be corrected?
7. If training is a component of the POC, is there sufficient detail present to indicate that the provider has undertaken the planning and implementation of the training?
8. Is the POC of sufficient scope to ensure systemic root causes are identified and addressed?
Check your POC against the Review Criteria prior to submission.

The next four slides are a “POC Self-Check”
Accurately stated issue?
Appropriate to address issue to be corrected?

✓ All findings are addressed
✓ Findings are not disputed
✓ Corrective actions are relevant
✓ Corrective actions address all deficiencies as detailed on the Statement of Deficiencies form
✓ Contains a description of how the corrections are to be made, i.e.
  • Review of systems/internal processes
  • Supervision and/or training
  • Record reviews/audits
  • Revisions in policies and/or procedures
✓ Contains ongoing monitoring and maintenance of corrective actions
  • Ongoing supervision and/or training
  • Ongoing record reviews/audits
Realistic corrective actions?
Timetable realistic, compact?

✓ Corrective action steps are attainable/manageable/sustainable
✓ Timetable for corrective actions is attainable/manageable/sustainable
✓ Corrective actions will substantially correct or eliminate deficiencies within 60 calendar days
✓ Deficiencies related to consumer health and/or safety are corrected immediately
Sufficient detail to indicate a thoughtful and planful response?

✓ All relevant persons responsible for corrective actions are clearly identified

✓ Contains a comprehensive approach to addressing the deficiencies, i.e.:
  • Details surrounding review of systems/internal processes
  • Details surrounding revisions in policies and/or procedures
  • Details surrounding supervision and/or training

✓ Contains ongoing monitoring and maintenance of corrective actions to minimize/eliminate reoccurrences, i.e.:
  • Details surrounding record reviews/audits (who will conduct the reviews, what elements will be reviewed, quantitative vs. qualitative, frequency of reviews, sample size, how findings will be used, process for detecting and managing overpayments)
Sufficient training details? Sufficient scope?

- Details surrounding training curriculum/content, training date(s), location, trainers, and attendees
- The **root cause(s)** of the deficiencies have been assessed and identified
- Corrective actions differ from current processes that led to the out-of-compliance finding
- Corrective actions are inclusive of all relevant staff to address the problem
- Addresses **systemic issues** and includes **specific details** surrounding the monitoring of each corrective action
Common Deficiencies

1. Forms/templates and/or policies don’t align with regulatory requirements (i.e.)
   - Consent forms are missing required information
   - Client rights notification doesn’t include all required information
   - Provider policy doesn’t reflect regulatory requirements

Sample Corrective Action (not exhaustive):
   - Audit of all existing forms and policies
   - Information will be revised to adhere to regulatory requirements; former blank forms/templates/policies destroyed or archived
   - Revised information will be distributed to new and existing staff and/or members
   - Tracking system put in place to ensure all parties were informed of new/revised information
2. Documentation does not include all required elements (i.e.)

- Incomplete Release of Information forms (signature/info to be released)
- Service plans missing required signatures/target dates/service
- Service notes missing service performed/signature/intervention

Sample Corrective Action (not exhaustive):

- Policies/procedures revised as needed to eliminate future deficiencies
- Review all records and to determine what needs correcting going forward
- New and existing staff members will be trained on information (i.e. documentation requirements) to prevent reoccurrence of the deficiency
  - Include training agenda/curriculum, date, time, location, attendees, trainer info
- Ongoing supervision of staff to prevent reoccurrence; tracking system put in place to ensure all parties were informed of new/revised information and supervision is ongoing
- Monthly qualitative chart audits to include review of requirements
- Discovered overpayments will be reported; additional staff training/discipline if deficiencies continue
Common Deficiencies

3. Staff are not eligible to provide service billed/do not meet minimum requirements for service provided (i.e.)
   - Associate-level clinicians billing CPT codes without modifiers
   - Qualified Professionals missing verification of education/experience
   - Fully-licensed clinicians not credentialed through Alliance

Sample Corrective Action (not exhaustive):
- Policies/procedures revised as needed to eliminate future deficiencies
- Review all records (i.e. personnel) and to determine what info needed to be obtained to complete the file and what needs correcting going forward
- Staff/HR will be trained to prevent reoccurrence of the deficiency
  - Include training agenda/curriculum, date, time, location, attendees, trainer info
- Ongoing supervision of staff to prevent reoccurrence; tracking system put in place to ensure all parties were informed of new/revised information and supervision is ongoing
- Monthly billing audit
- Discovered overpayments will be reported; additional staff training/discipline if deficiencies continue
When developing your POC...

**Feedback Loop: Plan-Do-Check-Act**

**Plan**
- Define & Analyze the Problem and Identify the Root Cause

**Do**
- Devise a Solution
- Develop Detailed Action
- Plan & Implement Systematically

**Check**
- Confirm Outcomes Against Plan
- Identify Deviations and Issues

**Act**
- Standardize Solution
- Review and Define Next Issues
Deficiency: Missing Service Plans

**Plan**
- Identified that 2 LP’s were not trained on service plan requirements and have not been completing them.
- No chart audits in place

**Act**
- Service plan training part of LP orientation
- Continue plan tracking
- Move audit to quarterly after 6 months

**Check**
- 4 LP’s trained
- 25 records reviewed
- Record audit: 88% compliance
- 3 of 4 LP’s are now completing plans
- Written warning for 1 LP

**Do**
- P&P revision
- Record Review (15 service plans needed)
- LP training & supervision, new/existing
- Plan tracking sheet
- Monthly audit
- Report Over-payments

*LP= Licensed Practitioner*
What if the POC isn’t approved or successfully implemented?

If the provider...

• Fails to submit an acceptable POC after 2 attempts
• Fails to implement the POC and/or minimize/eliminate the deficiencies after 2 attempts

Then...

• Will be referred to Corporate Compliance Committee (CCC) for review
• CCC will make a recommendation to the Chief Executive Officer (CEO) of additional sanctions, up to and including termination of contract
Technical Assistance

Please contact Alliance staff indicated on Statement of Deficiencies for questions and technical assistance as needed.

We want you to be successful!
Please click on the link below to evaluate our training and to allow us to track who has participated.

Please be sure to click “Submit” upon completion.

**Attestation and Evaluation**