

Adult Rehabilitative Mental Health Services ARMHS

2016 Information Seminar for Potential Provider Organizations

Presented by: DHS Mental Health Division

Who is here today?

- **Administrative Business Person**
 - responsible for the overall success of the business
 - ensuring that the business follows the guidelines for offering ARMHS
- **Clinical Supervisor**
 - ensuring that the clients are eligible for ARMHS,
 - ensuring services meet medical necessity, and
 - ensuring all documentation is in check



Seminar Agenda

- Introductions
- What is ARMHS?
- Eligibility for ARMHS
 - Provider Eligibility
 - Client Eligibility
- ARMHS Covered Service Categories
- The ARMHS Team & Their Roles
- ARMHS Documentation
- MHCP Provider Enrollment
- The Certification App
- OIG/SIRS
- Resources for you!



Welcome!

INTRODUCTIONS



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Introductions

Carol LaBine, MSW, LICSW

- Adult Mental Health Deputy Director
- Phone: 651-431-2225
- Email: dhs.mhrehab-adult@state.mn.us
- ARMHS Webpage: www.dhs.state.mn.us/ARMHS



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Introductions – at DHS & Greater MN

- What is your name?
- What agency do you work for?
- What city/county is your agency located?
- What is your role at that agency?
- What is one thing that is unclear to you about ARMHS, that you hope to gain knowledge on today?



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WHAT IS ARMHS?



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What is ARMHS?
Adult Rehabilitative Mental Health Services

- In 2002, the MN DHS Adult Mental Health Division was granted an MA Rehabilitation Waiver.
 - MA would now cover certain services previously deemed “non-medical” in nature but essential to mental health care.
- MA reimbursement for essential mental health services recognizes that mental illness is:
 - a real disease
 - needing the same continuum of care as cancer, diabetes, etc.



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What is ARMHS?

- ARMHS are:
 - **Restorative, recovery-oriented interventions**
 - Skills and abilities that have been lost or diminished due to the symptoms of mental illness can be acquired, practiced, and enhanced whenever and wherever they are needed.
 - Delivered directly to individuals who have the capacity to benefit from them
 - Delivered their homes or elsewhere in the community.



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Characteristics of ARMHS

“Enable a recipient to retain stability and functioning if the recipient is at risk of losing significant functionality or being admitted to a more restrictive service setting without these services; **and**

Instruct, assist, and support a recipient in areas such as medication education, monitoring, basic living & social skills, mental illness symptom management, parenting skills, household management, employment-related, or transitioning to community living.”

MN Statute 256B.0623



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What is a “Rehabilitative” Service?

“Medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of practice under State Law, for maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level.”

Goal ~ reduce the duration & intensity of medical care to the least intrusive level possible which sustains health.

Center for Medicare/Medicaid Services (CMS)



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ELIGIBILITY FOR ARMHS



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Eligibility for ARMHS

Provider Eligibility

- Must be Certified by the State Of Minnesota
- Must be a MA-approved Provider Organization
- Must provide full array of covered ARMHS categories either directly, or by contract.
- Must coordinate within the community mental health system that you are serving.



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Eligibility for ARMHS

Client Eligibility

- Must be an Adult, age 18+
- Diagnosis of a medical condition, such as mental illness or traumatic brain injury, for which ARMHS are needed
- Functional impairment in 3+ life domains, due to the symptom(s) of the serious mental illness, decreasing self sufficiency
- LOCUS level 2 or 3



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Eligibility for ARMHS

Client Eligibility

- Current Diagnostic Assessment by a qualified mental health professional, indicating medical necessity
- MHP Clinical Supervisor professional opinion that the Person has the cognitive capacity to engage in & benefit from the rehabilitative nature of this service
 - Believes Person can regain or restore abilities linked to a mental illness.



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Eligibility for ARMHS

Non-Covered Services

- Room & Board
- Personal care attendant services
- Transportation of people to and fro
- Vocational/Occupational (pre-vocational training)
- Academic education (classroom)
- Services to persons while residing in public institutions (specifically inmates of penal institution, IMDs, state custody, under state administrative control)



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ARMHS COVERED SERVICE CATEGORIES



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ARMHS Covered Service Categories

- Basic Living and Social Skills
- Certified Peer Specialist Services
- Community Intervention
- Functional Assessment (9/15/15)
- Individual Treatment Plan (9/15/15)
- Medication Education
- Transition to Community Living



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Establishing Medical Necessity

What does this mean?

- Identified symptoms of a serious mental illness, are impairing functioning **AND**
- Functional issues interfere with the person's achievement of his/her own personal recovery goals.



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ARMHS Guidance: MHCP Provider Manual Practice Changes

- Basic Living & Social Skills
- **Certified Peer Specialist Services**
- Community Intervention
- **Functional Assessment → NEW**
- **Individual Treatment Plan → NEW**
- **Medication Education layout**
- Transition to Community Living language
- **Progress Notes → NEW**
- Authorization language
- Billing Claims Table codes + modifiers



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ARMHS Covered Service Categories

Basic Living and Social Skills

Activities that instruct, assist, & support a person about skill areas essential for everyday, independent living.

Examples:

- Communicating about, or when in a stressful situation
- Getting outside help to deal with a difficult situation
- Preventing relapse
- Budgeting and shopping
- Developing a healthy lifestyle to manage symptoms better



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ARMHS Covered Service Categories

Functional Assessment - NEW

- Product Category: **FA + LOCUS + Interpretive Summary**
- Describes how the person's mental health symptoms impact their day-to-day functioning in a variety of roles and settings & if there is a barrier present in making progress on their recovery vision
- Gathers input from the Person, natural / service supports, data, & observations within different settings.



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ARMHS Covered Service Categories

Individual Treatment Plan (ITP) – New!

- Product Category: **ITP only**
- A written plan that documents the treatment strategy, the schedule for accomplishing the goals and objectives, and the responsible party for each treatment component. Complete an individual treatment plan before mental health service delivery begins.



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ARMHS Covered Service Categories

Medication Education

Medication Education services center on:

- The diagnosis of a Mental illness and the symptoms
- The role and effects of medications in treating symptoms of mental illness
~ and ~
- The side effects of medications



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ARMHS Covered Service Categories

Community Intervention

Services activated on behalf of a person in order to:

- Alleviate or reduce a barrier(s) to community integration or independent living; ~ or ~
- Minimize the risk of loss of functioning which could result in hospitalization or placement in a more restrictive living arrangement

Due to presence of a functional barrier linked to the symptoms of the mental illness.

Examples: Potential Eviction, Loss of Job



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ARMHS Covered Service Categories

Transition to Community Living (TCL)

AUTHORIZED Concurrent Services Provided to the person currently receiving higher level of care services AND

- The person is leaving a higher level of care service (ex: ACT) within 180 days.
- Allows ARMHS and the provider to work with the person to promote successful re-entry into the community.
- Are coordinated with, but not replacing the responsibilities required of the higher level of care services.

Examples: Orient to neighborhood, locate the grocery store, pharmacy, transit system



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ARMHS Covered Service Categories

Certified Peer Specialist (CPS) Support Services

- A non-clinical service approach emphasizing Recovery.
- Interventions target capacity building
Example: empowerment, self-determination, decision-making, modeling wellness, demonstrating personal responsibility, self-advocacy...
- Through the sharing of a mutual life experience related to mental illness.



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THE ARMHS TEAM & THEIR ROLES



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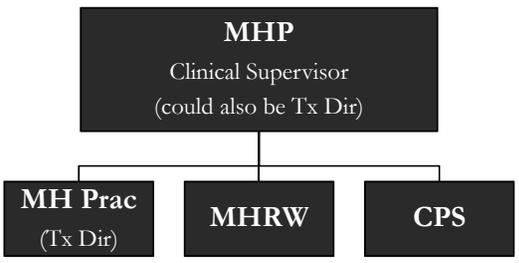
ARMHS Covered Service Categories

- **Mental Health Professional (MHP)**
 - Clinical Supervisor
 - Treatment Director (+/-)
- **Mental Health Practitioner (MHPrac)**
 - Treatment Director
- **Mental Health Rehab Worker (MHRW)**
- **Certified Peer Specialist (CPS I or II)**



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The Team and Their Roles



```
graph TD; MHP["MHP  
Clinical Supervisor  
(could also be Tx Dir)"] --- MHPrac["MH Prac  
(Tx Dir)"]; MHP --- MHRW["MHRW"]; MHP --- CPS["CPS"];
```



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The Team and their Roles

Mental Health Professional (MHP)

- Must be MA approved.
- Directs and oversees the work of a mental health practitioner, MH rehab worker, and Certified Peer Specialist. All approved service activities are implemented under Their Board licensure.



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The Team and their Roles

MHP = Role as Clinical Supervisor

- Must be MHCP enrolled MH Professional
- Examines & approves documentation **EX: DA, FA, ITP & Progress updates**. A full Recipient record review conducted 2x yearly & must be documented in the person's record.
- Conducts ARMHS service consultation (1:1 or group) at least once monthly.
- Assures recipient eligibility –AND–



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The Team and their Roles

MHP = Role as Clinical Supervisor

- Examines & ensures **documentation of medical necessity of services**
- **Assures staff are qualified/trained** in provision of ARMHS services
- Meets with ARMHS Treatment Director to:
 - review program needs
 - review field observations & evaluate MHRW & CPS I
 - plan staff training
 - consultation as needed
- Available for urgent consultation



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The Team and their Roles

Mental Health Practitioner (MH Pract)

Qualifications vary:

- Bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university **AND** at least 2,000 hours of supervised work experience in the delivery of services to persons with serious mental illness **OR**
- Bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university **AND** fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong + completes 40 hours of training in the delivery of services to persons with mental illness, **AND** receives clinical supervision from a mental health professional clinical supervisor at least 1x weekly until the requirement of 2,000 hours of supervised work experience is met **OR**



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The Team and their Roles

Mental Health Practitioner (MH Pract) cont'd

- At least **6,000** hours of supervised work experience in the delivery of services to persons with mental illness **OR**
- A Graduate student in one of the behavioral sciences or related fields and is **formally assigned** by an accredited college or university to an agency or facility for clinical training **OR**
- Has a Master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university with less than 4,000 hours post-master's experience in the treatment of mental illness.

MN Statute 256B.0623 → 2545.462 subdivision 17



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The Team and their Roles

Treatment Director

- Could be the MHP clinical supervisor **OR** an experienced MH Practitioner.
- Conducts **field observations** in supervision of MHRW, CPS I and, as needed, MH Practitioner & CPS II. **Documents these activities** and uploads to personnel record at least annually. Meets at least 1x month with MHP about program matters.
- Examines and assures timely completion of documentation. **EX: Progress notes are consistent with ITPs. Verified by co-signed progress notes with MHRW & CPS I.**



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The Team and their Roles

Mental Health Rehab Worker

- Works under the direction of a lead MHPprac/MHP and under the MHP clinical supervisor in the **implementation** of rehabilitative mental health services as identified in the person's individual treatment plan.
- **Mandatory MH training topics and scope of clinical & field supervision**
 - MN 256B.0623



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The Team and their Roles

Certified Peer Specialist CPS I & II

- Non-clinical, recovery-focused activities encouraging empowerment, self-determination, and decision-making which are only provided by a Certified Peer Specialist.
 - **Example: modeling wellness and demonstrating personal responsibility, self-advocacy and hopefulness through mutual sharing of the recovery journey.**
- Can address & contribute to the ARMHS team insights about feelings associated with stigma, social isolation, personal loss, systemic power dynamics and restoring one's lifestyle following hospitalization, or other acute care services.



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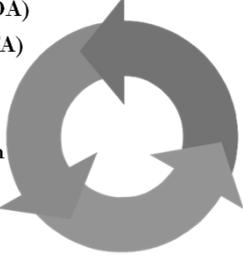
ARMHS DOCUMENTATION



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ARMHS Documentation

- Diagnostic Assessment (DA)
- Functional Assessment (FA)
- LOCUS
- Interpretive Summary
- Individual Treatment Plan (ITP)
- Progress Notes & Written Review of Progress



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ARMHS Documentation

Diagnostic Assessment (DA) - Step 1

- MH Outpatient Service. NOT an ARMHS service
- Establishes the MH Diagnosis.
- A written evaluation, which includes an 1:1 interview with the individual & conducted by a qualified MHP.
- Follows criteria as defined in MN R. 47 MHCP Provider Manual / MH Outpatient Services.
- Must be <3 yrs old from date of initial start or intake date for ARMHS. If so, DA is reviewed by ARMHS MHP clinical supervisor, who will determine if it is still current and an Adult Update Summary developed.
- Must be complete & received w/in 5 days after 2nd visit OR w/in 30 days after intake, whichever occurs first



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ARMHS Documentation

Functional Assessment (FA) – Step 2

- Assesses current status & functioning of person within targeted life domains **AND**
- Describes how the symptom(s) of the diagnosed mental illness impacts functioning & what happens because of this functional barrier – **this establishes medical necessity!**
- Info gathered via 13 domains from: the person, the most current DA, friends/family, and service network members.
- Must be completed & approved by the ARMHS MHP clinical supervisor w/in 30 days of intake



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ARMHS Documentation

LOCUS – Step 3

- A **LOCUS** (Level of Care Utilization System) assessment is a level of care tool to help determine the resource intensity needs of individuals who receive adult mental health services. The mental health provider must complete the LOCUS Recording Form (DHS-6249) **after** a DA and a FA is conducted as these assessments are **used to score** the LOCUS domains. To be eligible for ARMHS, the person **must have a LOCUS level 2 or 3.**



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ARMHS Documentation

Interpretive Summary – Step 4

- Takes all of the person's information, and makes it meaningful for rehabilitation.
- References the person's view of what they want to see happen in their life (recovery vision)
- Provides direction & sets priorities significant to the service plan



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ARMHS Documentation

Individual Treatment Plan – Step 5

- **AKA:** The Action Plan!
- A written plan, developed by a MHP or MH Prac & the Person.
- Lays out how services will be delivered in order to move on desired outcomes.
- Measureable efforts that will be occur in 6 months using rehabilitative interventions that actively engage the person in learning, mastering, and applying skills and capacities.



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ARMHS Documentation

Progress Notes – Step 6

- Formal documentation that summarizes person’s progress.
- Supports the submitted MA service claim
- Should follow **GIRPS!**
- Developed & written with the person concurrently at the end of each service session.



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ARMHS Documentation

Who Can Do What??

- **MH Practitioners and Certified Peer Specialist II CAN**
 - Develop FA’s, LOCUS, Interpretive Summaries, ITP’s, & Progress Notes *under the clinical supervision of the MHP*
- **MH Rehabilitation Workers and CPS I CANNOT**
 - Develop a FA, LOCUS, Interpretive Summary, or ITP’s.
 - **The MH Rehab Worker and CPS I CAN** implement ITP interventions & develop a Progress Note *co-signed by the MHP Clinical Supervisor or Treatment Director*



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ARMHS Documentation

Common Mistakes

- **NOT** Person-centered in approach
- **NOT** Used as a process to engage client
- **NOT** Supporting a recovery process
- **NOT** Rechecked for accuracy and clarification
- **NOT** Turning data into information
- **NOT** Tying function to the symptoms of mental illness
- **NOT** Summarizing or condensing information to salient points that support planning & rehabilitation service delivery



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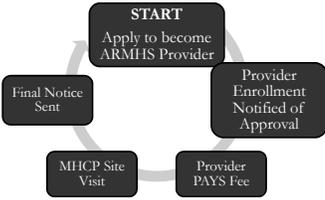
MHCP PROVIDER ENROLLMENT



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MHCP Provider Enrollment

Application Synopsis



```
graph TD; START[START  
Apply to become  
ARMHS Provider] --> Approval[Provider Enrollment  
Notified of  
Approval]; Approval --> Fee[Provider  
PAYS Fee]; Fee --> Visit[MHCP Site  
Visit]; Visit --> Notice[Final Notice  
Sent]; Notice --> START;
```



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MHCP Provider Enrollment

Provider Screening Requirements Overview

- Navigating the website!
- Risk Levels
- Screening Actions
- Site Visits
- Application Fees
- Application Synopsis
- Denial and Terminations



MHCP Provider Enrollment

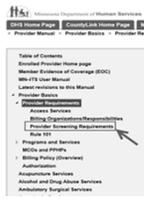
The MHCP Website = www.dhs.state.mn.us/provider



The screenshot shows the MHCP website interface. On the left is a vertical navigation menu with categories like 'About DHS', 'Aging', 'MHCP provider enrollment', 'Billing', 'Communication', 'Enrollment', 'Industry Initiatives', 'Manual', 'Information', 'Mental Health Services', 'Adult mental health', 'Aging services', 'Alcohol and drug abuse', and 'Child and Teen Checkups'. The main content area features a 'Table of Contents' with links to 'Enrolled Provider Home page', 'Member Evidence of Coverage (EOC)', 'MHI-ITS User Manual', 'Latest revisions to this Manual', 'Provider Basics', 'Alcohol and Drug Abuse Services', 'Ambulatory Surgical Services', 'Anesthesia Services', 'Child and Teen Checkups', 'Chiropractic Services', and 'Class Services'. A 'Table of Contents' section on the right lists 'Enrolled Provider Home page', 'Member Evidence of Coverage (EOC)', 'MHI-ITS User Manual', 'Latest revisions to this Manual', 'Provider Basics', 'Alcohol and Drug Abuse Services', 'Ambulatory Surgical Services', 'Anesthesia Services', 'Child and Teen Checkups', 'Chiropractic Services', and 'Class Services'. A red arrow points to the 'Provider Basics' link in the right-hand table of contents.

MHCP Provider Enrollment

The MHCP Website = www.dhs.state.mn.us/provider



The screenshot shows a detailed view of the 'Provider Basics' section. The 'Table of Contents' on the left includes 'Enrolled Provider Home page', 'Member Evidence of Coverage (EOC)', 'MHI-ITS User Manual', 'Latest revisions to this Manual', 'Provider Basics', 'Alcohol and Drug Abuse Services', 'Ambulatory Surgical Services', 'Anesthesia Services', 'Child and Teen Checkups', 'Chiropractic Services', and 'Class Services'. The 'Provider Basics' section is expanded, showing sub-links for 'Billing Organization/Responsibilities', 'Enrollment (Billing Requirements)', 'Rule 591', 'Registries and Services', 'MHI-ITS and PMPHS', 'Billing Policy (Overview)', 'Authentications', 'Anesthesia Services', 'Alcohol and Drug Abuse Services', and 'Ambulatory Surgical Services'. A red arrow points to the 'Billing Organization/Responsibilities' link.

MHCP Provider Enrollment

Risk Levels

- CMS established risk levels for provider types that enroll Medicare.
- For provider types that are not eligible to enroll with Medicare, MHCP has assigned risk levels to the provider types.
 - ARMHS = Moderate Risk

MHCP Provider Enrollment

Screening Actions

- All providers are subject to some type of screening action. Some screening actions are required for all provider types. Others are specific to provider types with a high or moderate risk level.
 - ARMHS = Moderate Risk



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MHCP Provider Enrollment

Screening Actions

Screening Action	Risk Level
	Moderate
Provider-specific requirements verification	X
Licensure verification (including licensure checks across states, if applicable)	X
Database checks (to verify NPI; US Department of Health and Human Services Office of Inspector General [OIG] exclusion; Excluded Parties List System [EPLS] exclusion; death of individual practitioner or of persons who have an ownership or control interest or who are agents or managing employees of the provider; and termination by Medicare or another state's program)	X
Unscheduled or unannounced site visits	X



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MHCP Provider Enrollment

Site Visits

- Required for ARMHS
- MHCP will conduct a site visit once a referral from Provider Enrollment has been issued
- You must permit MHCP to conduct these "unannounced visits" to comply with screening requirements.



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MHCP Provider Enrollment

Application Fees

- Required for ARMHS (institutional provider)
- The fee is determined by CMS and can change every calendar year.
- You are subject to the application fee for each new enrollment, reenrollment and revalidation for each of your locations or provider type files enrolled with another state in the past five years.



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MHCP Provider Enrollment

Denials and Termination

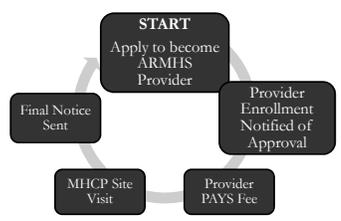
- If denied, must start process over, and pay fees
- See website for a full list of items that will cause you to be denied or terminated.
 - Does not submit timely/accurate disclosure info
 - Fails to cooperate with screening methods
 - Falsifies information on an application



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MHCP Provider Enrollment

Application Synopsis



```
graph TD; START[START  
Apply to become  
ARMHS  
Provider] --> Approval[Provider  
Enrollment  
Notified of  
Approval]; Approval --> Fee[Provider  
PAYS  
Fee]; Fee --> Visit[MHCP Site  
Visit]; Visit --> Notice[Final Notice  
Sent]; Notice --> START;
```



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MHCP Provider Enrollment

Questions or inquiries?
Call MHCP Call Center: 651-431-2700

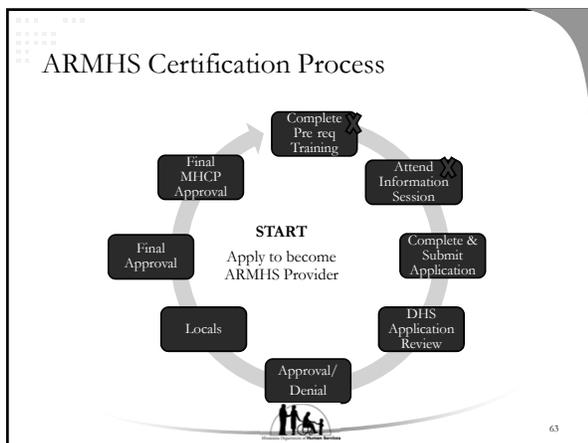


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THE CERTIFICATION PROCESS



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The ARMHS Certification Process

1. MHP completes pre-req training = **DONE**
2. Staff attends information session = **Almost done!**
3. Complete Application & Submit all of the following
 - a. Application – eDoc DHS-7181
 - b. Certification Requirements – eDoc DHS-7181A
 - c. Required Attachments – with labels **and** page numbers
4. Application review – up to 5 weeks
5. If approved, complete local certifications
6. Receive Final approval – upon receipt of locals
7. Complete MHCP Provider Enrollment Process & are approved as an MHCP Provider



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OIG/SIRS

Finding and Preventing Fraud, Waste and Abuse
in Minnesota's Health Care Programs

ARMHS New Provider Training

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What is SIRS?

- ▶ A section within DHS / OIG
- ▶ Investigate suspected medical assistance fraud, theft, abuse, presentation of false or duplicate claims, presentation of claims not medically necessary or false statement or representation of material facts by vendor of medical care
- ▶ Impose sanctions: Termination, Suspension, Fines, and/or Overpayments
- ▶ Affordable Care Act (ACA) requires all providers with a categorical risk of "moderate" or "high" have an onsite visit completed as part of the enrollment and re-validation process.
- ▶ Required by Federal law

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What is the SIRS Screening Unit?

- After submitting all enrollment documents to DHS Provider Enrollment, your case will be referred to the SIRS Screening Unit for a pre-enrollment site visit.
 - "Moderate" and "high" risk providers are required to complete an unannounced site visit.
 - ARMHS is categorized as a moderate risk provider type.
- The SIRS Screening Unit is made up of Investigators responsible for conducting these site visits as part of the enrollment process.
 - Site visits by this team will be conducted at other points in time as well.

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What is the SIRS Screening Unit? (cont.)

- As an enrolling provider, you are required to allow access to any and all sites associated with your agency for the purpose of completing the site visit.
- Site visits are the last step in the enrollment process. All enrollment questions should be referred to DHS Provider Enrollment.

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SIRS Screening Site Visit

When Are Site Visits Conducted

- ▶ Unscheduled and unannounced
- ▶ Pre-enrollment
 - ▶ Occurs prior to initial enrollment as a MHCP provider.
- ▶ Post-enrollment
 - ▶ Occurs 6-12 months after pre-enrollment visit.
- ▶ Re-validation
 - ▶ Occurs after provider completes the re-validation process with DHS Provider Enrollment
- ▶ Re-enrollment
 - ▶ Previously enrolled providers, re-applying to become a provider.

What To Expect

- ▶ Interview with provider - provider background, policy/procedures, verify enrollment information.
- ▶ Record review of recipient files to ensure compliance with statutory requirements.
- ▶ Review of employment files to confirm employee providing services are eligible and properly qualified.

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SIRS Screening Unit Outcomes

- Cases referred for a site visit will either be approved or denied.
 - Approved = provider will receive a welcome letter from DHS Provider Enrollment and will be eligible to begin providing services.
 - Denied = provider will receive a denial status letter from DHS Provider Enrollment and will have to re-apply and begin the process from the start.

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SIRS Screening Unit Outcomes (cont.)

- SIRS Screening Unit may educate the provider on concerns identified during the visit.
- If evidence of fraud, waste, or abuse are found during the site visit, the case could be referred to SIRS Investigations, an immediate payment withhold could be put in place, or a notice of termination could be filed.

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Site Visit Denial Reasons

- Lack of access- Failure to allow access to any and all site locations will result in a denied site visit.
- Ineligible site location- Sites located at P.O. boxes or other ineligible locations will be denied.
- Inaccurate enrollment documents - example: failure to disclose all owners, managers, board members, and parties with 5% or more of controlling interest.
- Lack of required bonds and/or insurance.

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Results of SIRS Provider Screening

- 1,600+ Site visits completed
- 77 Cases Denied
- 177 Cases referred for SIRS Provider Investigation

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What Does SIRS Investigations Do?

- ▶ Post payment review of claims submitted
 - ▶ Fee for Service
 - ▶ Managed Care Organizations
- ▶ Educate Providers
- ▶ 104 Provider types of Medicaid Services
- ▶ Medicaid expenditures for:
 - ▶ FY 2013 = \$8,133,862,000
 - ▶ FY 2017 = \$12,657,633,000 (*Estimated*)

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How does SIRS Investigations Unit get its Cases?

- ▶ Hotline calls: citizens, providers, recipients etc.
- ▶ Internal and other state agency referrals
- ▶ Providers - self reporting
- ▶ Law enforcement
- ▶ MCOs
- ▶ Federal CMS referral, audit contractors
- ▶ Data mining
- ▶ SIRS Screening Unit

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What does SIRS Investigation Unit do with Investigations?

- ▶ No action
- ▶ Recover overpayments
- ▶ Settlement agreements / payment plans
- ▶ Refer to other state agencies, MCOs, or DHS divisions
- ▶ Refer to Law Enforcement
 - ▶ MN Attorney General's Office (MFCU)
 - ▶ Federal OIG
- ▶ Terminate or Suspend a provider
- ▶ Payment Withhold

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What is an Overpayment?

- ▶ Overpayments include:
 - ▶ Errors
 - ▶ Self-reports
 - ▶ Regardless of intent
 - ▶ Abuse
 - ▶ Waste
 - ▶ Fraud
- ▶ States have one year to return the federal share once an overpayment is identified, regardless of whether the state made a recovery.
- ▶ SIRS recovers from the Pay - to - Provider.

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Trends / Schemes

- ▶ Up-coding
- ▶ Identity theft
- ▶ "Robo" signing
- ▶ Starting services without the proper documentation
- ▶ Having unqualified staff provide services
- ▶ Copying and pasting documentation
- ▶ Falsifying staff credentials
- ▶ Recipient "kick backs"
- ▶ Padding time
- ▶ Lack of supervision

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What are the Results of SIRS Investigations?

- ▶ Opened 580 cases in 2015
- ▶ 174 provider suspensions / terminations
- ▶ 138 fraud referrals to other law enforcement agencies
- ▶ 121 payment withholds based on suspected fraud
- ▶ More ARMHS provider investigations 2015 than any other year

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Questions?

Report Fraud Waste and Abuse

Phone: 651-431-2650
Fax: 651-431-7569
Email: DHS.SIRS@state.mn.us

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RESOURCES



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Resources

Webpages

- [ARMHS Webpage](#)
- [MHCP Provider Manual](#)
- [MH Policy Manual](#)
- [DHS TrainLink Training Website](#)



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Presentation Question. . .



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THANK YOU!!

- For more information or ???s
Email: dhs.mhrehab-adult@state.mn.us
Call MHCP Call Center: 651-431-2700



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