
CHAPTER 42: MULTI-SYSTEMIC THERAPY

SECTION 42.8: PROGRAM MONITORING

PROGRAM MONITORING

The Bureau shall use various methods of program monitoring to ensure that all services comply with the program standards. It is the provider’s responsibility to be knowledgeable regarding the policies and procedures governing the program. Non-compliance may result in the recoupment of Medicaid payments, administrative sanctions and/or a referral to the appropriate state and/or federal authorities for further investigation, which may result in additional punitive action.

Monitoring

The Bureau may conduct a monitoring review for reasons including, but not limited to, ensuring compliance with program requirements, reviewing billing practices and investigating complaints and grievances.

A monitoring review may include a review of recipient, personnel and administrative records as well as provider profile data, including, but not limited to, access and review of MST Inc. quality monitoring data (e.g. Therapist Adherence Measures (TAM) data, Supervisor Adherence Measures (SAM) data, MST utilization and client survey data, etc.), staff and recipient interviews and any other requested data or file.

Monitoring interviews may include speaking with a representative sample of recipients, the family, teacher(s) and other school personnel, with the approval of the parent or guardian. Interviews with current and/or former staff, MST Inc., network partners and clinical supervisors may also be included.

Upon completion of a monitoring review, the Bureau staff may conduct an exit interview to discuss the findings. A written summary of the findings will be sent to the provider, stating whether a plan of correction is required.

Plan of Correction

A plan of correction, if required, must be submitted to the Bureau within 10 working days of the date of the summary of the monitoring review findings. The plan must address the correction of each deficiency cited in the summary.

If the plan is not submitted within 10 working days from request, sanctions as described in Chapter 1 (General Information and Administration) of the Medicaid Provider Manual may be applied. If the plan of correction submitted does not meet Bureau standards, it will be returned to the provider for revision.

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All deficiencies must be corrected within **60 days** of receipt of the notice. Failure to do so may result in sanctions. A follow-up review may be conducted by the Bureau to ensure that all deficiencies have been corrected.