

Simply Compliance – A Conversation about the Process of Enhancing Compliance

The IPOS: The Foundation of Quality Service

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Compliance has a new face for the Detroit Wayne Mental Health Authority and the Provider Network. Together, we will be working to enhance awareness of compliance issues and investing in best practices that will facilitate better care for the individuals we serve. Compliance is not just about knowing the laws and regulations that govern what we do. Compliance is about understanding how following those laws and regulations yields better results for individuals and providers. Ideally, a compliance program works by motivating people at all levels of the organization to adhere to procedures and policies because they collectively agree that the benefits are real and exceed the costs of not doing so. Be assured that Detroit Wayne Mental Health Authority has a thorough commitment to compliance and holds the expectation that all members of the Provider Network do as well.

Every month, in this portion of the Provider Network News called ‘Simply Compliance’, we are going to document the process of enhancing compliance within our Provider Network. In short, a basic compliance concept or issue will be discussed and practical advice will be shared. The topics will often reflect areas of potential non-compliance that can easily be reviewed by your staff and corrected. This information is important and should be shared with appropriate compliance and quality staff within your organization.

For this discussion, we are going to focus on the Individual Plan of Service or IPOS. The IPOS plays a critical role in the quality and suitability of service that an individual receives. The Michigan Mental Health Code defines the right of individuals to develop an IPOS using the Person-Centered Planning process or PCP. MCL 330.1712. Providers must implement the PCP process annually to evaluate an individual’s IPOS. See the *Individual Plan of Service/Person Centered Plan Policy* and the attachments on the DWMHA.com website for more information regarding the PCP process and the IPOS. Specifically, the attachments contain the State of Michigan’s *Person-Centered Planning Policy* which was revised effective June 30, 2017.

So what’s practical about this discussion? The IPOS is also the foundation of the generation of a billable claim. Section 1.3 of the Clinical Service Provider Agreement states that “[a]ll Covered Services paid for by DWMHA are to be listed in a valid Individual Plan of Service (“IPOS”) with amount, scope and duration of the Covered Service.” Below is a short list (not intended to be exhaustive) of practices that may help providers when dealing with an IPOS:

- Have a valid IPOS in the Individual’s record that supports the services that you are providing. The first step in complying with the IPOS is to make sure you have it.
- Review the individual’s IPOS to insure that it is current. An expired IPOS does not support a valid claim.
- Only a signed IPOS is a valid IPOS. Review the individual’s IPOS to make sure that the appropriate persons have signed it.
- Be disciplined in the provision of the services in alignment with the amount, scope and duration contained in the IPOS.

Remind your staff of these simple practices and some difficult situations may be avoided. For example, providers of support services can sometimes find themselves providing services without the properly documented IPOS.

Why does this work for the people we serve? It is in the best interest of the individual served to insure that the service provided is actually medically necessary and appropriate for their current course of treatment. In short, we do a better job when we comply with a valid IPOS. Compliance made simple.