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August 25, 2021

Benjamin L. Shaffer
Rhode Island Medicaid Program Director
Executive Office of Health and Human Services (EOHHS)
Hazard Building
3 W Road
Cranston, RI 02920

Dear Director Shaffer,

Enclosed please find our final report containing our medical necessity review of the IMD status for patients treated at Eleanor Slater Hospital on selected dates in the years 2020 and 2021. The scope of work involved a review of all patient medical records for patients on the official census at Eleanor Slater Hospital on the following four dates: April 1, 2020, May 1, 2020, December 1, 2020 and May 1, 2021. The evaluation included a review of the medical records of patients at both the Cranston campus and Zambarano campus. The results and recommendations resulting from this review are included in the attached report.

We want to acknowledge the dedication of the two medical records clerks at the Cranston and Zambarano campuses who were both welcoming, accommodating and professional.

We extend our sincere appreciation in engaging us to do this independent medical record review of the patient medical charts at Eleanor Slater Hospital.

Sincerely,

Ghulam Mustafa Surti, MD
Chief Medical Officer, Butler Hospital
Senior Vice President, Care New England

Stephanie Rendina, BS
Manager of Operations,
Department of Social Services and
Care Management, Butler Hospital

Carolyn Walsh, LICSW, CCM
Director of Social Services and Care Management
Butler Hospital

Institutions for Mental Disease Medical Necessity Review

OVERVIEW:

The scope of work involved a review of all patient medical records for patients on the official census at Eleanor Slater Hospital on the following four dates: April 1, 2020, May 1, 2020, December 1, 2020 and May 1, 2021. The evaluation included a review of medical records for patients at both the Cranston campus and Zambarano campus. Our Site Visit Schedule is provided in Appendix A.

Please note that we are not a certified body of any nature and present these opinions based on our collective utilization management and clinical experience. Our professional biographies are included in Appendix B. The validity, accuracy and comprehensiveness of the information provided has not been independently verified.

For the purposes of this report, we have assumed the information provided by EOHHS and ESH to be complete and accurate except as noted in Appendix C.

RESULTS:

Based on our comprehensive medical record review a determination was made whether primary treatment was for (1) a “qualifying mental disease” under IMD guidelines; (2) mental diseases that are exempt from IMD status or (3) medical (physical) diseases and disorders. The results of this review are provided in TABLE 1.

TABLE 1
IMD Determination Review Results (See Appendix D for Medical Record Review Detail)

4/1/2020			Total Census
Psych	Exempt	Medical	
97	61	59	217

5/1/2020			Total Census
Psych	Exempt	Medical	
95	59	60	214

12/1/2020			Total Census
Psych	Exempt	Medical	
83	51	57	191

5/1/2021			Total Census
Psych	Exempt	Medical	
96	44	48	188

Institutions for Mental Disease Medical Necessity Review

OBSERVATIONS:

1. Documentation in the patient medical records was inconsistent in the following areas:
 - Notes and assessment are handwritten and at times illegible.
 - There is frequently inconsistency in Diagnoses between disciplines
 - Outdated diagnoses are still being referenced and not standardized to DSM5/ICD10
 - The Primary Diagnosis is not listed consistently
 - Limited supporting documentation on patients with an Intellectual /Developmental Disability (I/DD).

2. Census-Patients sent to and admitted to medical hospitals are still maintained as an open record and no discharge order written although patients admitted to other hospitals for treatment.

RECOMMENDATIONS:

1. Electronic Medical Record:

Implementation of a new electronic record would provide for the ability to run reports on a routine basis which would assist in tracking the patient mix, provide an accurate census and offer supportive documentation for coding and billing.

2. Clinical Documentation Recommendations:

- Primary diagnosis should be identified in every note. The treatment plan needs to reflect why the patient requires the current level of care, description of the current symptoms, treatment interventions and a discharge plan.
- Implement a process for routine record reviews.
- Implement a process for reporting to relevant departments when a primary diagnosis is changed over the course of hospitalization. An EMR would greatly enhance the ability to capture this information

Institutions for Mental Disease Medical Necessity Review

APPENDIX A
Site Visit Schedule

Site	Site Visit
Cranston	6/18/21 3:00pm-6:00pm
Cranston	6/19/21 10:00am-2:00pm
Cranston	6/25/21 1:00pm-6:00pm
Cranston	6/28/21 3:00pm-6:00pm
Cranston	7/9/21 2:00pm-6:00pm
Cranston	7/23/21 2:00pm-6:00pm
Pascoag	8/6/21 7:30am-4:00pm

APPENDIX B
Professional Qualifications

Ghulam Mustafa Surti, MD

- Chief Medical Officer for Butler Hospital, Senior Vice President, Care New England
- Clinical Associate Professor Department of Psychiatry & Human Behavior, The Warren Alpert Medical School of Brown University
- Board Certified in Psychiatry and Neurology
- Board Certified Geriatric Psychiatry
- Associate Director, Brown University Geriatric Psychiatry Fellowship Training Program
Butler Hospital

Carolyn Walsh, LICSW, CCM

- Director of Social Services and Care Management for Butler Hospital
- Chair Butler Hospital Utilization Review Committee
- Over 25 years of experience in behavioral health
- Master's degree in Social Work, Bachelor's degree Business Administration
- Certification in Case Management

Stephanie Rendina, BS

- Manager of Operations for Department of Social Services and Care Management for Butler Hospital
- B.S in Business Administration
- Over 18 years of experience in Utilization Management, Denial Management & Revenue Cycle.

APPENDIX C
Census Data

04/01/2020 Census

- 4 patients excluded from medical record review due to discharged or deceased prior to 04/01/2020

05/01/2020 Census

- 4 patients excluded from medical record review due to discharged or deceased prior to 04/01/2020

12/01/2020 Census

- 4 patients excluded from medical record review due to discharged or deceased prior to 04/01/2020
- 9 patients omitted on census, confirmed in medical record patients at ESH on 12/01/2020

05/01/2021 Census

- 4 patients excluded from medical record review due to discharged or deceased prior to 04/01/2020
- 1 patient omitted on census, confirmed in medical record patient at ESH on 05/01/2021