MSHN
Mid-State Health Network

CMHSP Program Specific- Non-Waiver Standards	
CMHSP NAME: Choose an item.	**DATE OF REVIEW:** Click or tap to enter a date.

	STANDARD	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Review Team	Provider to Complete: List evidence provided and location of evidence for specific standard i.e. page number if applicable
1	ASSERTIVE COMMUNITY TREATMENT (ACT)				
1.1	ACT services are provided by all members of a mobile, multi-disciplinary team (all team members see all consumers unless there is a clinical reason to do otherwise)	MDHHS site review protocol Medicaid Provider Manual, Mental Health and Substance Abuse Services, Chapter, Section 4.3	Policy/procedure, encounters by staff, Program Brochures, Job Descriptions, etc.		
1.2	ACT team includes: • a full-time leader whose experience includes at least two years post-degree clinical work with adults who have a serious mental illness, and is fully licensed, minimally possessing a master's degree in a relevant discipline, with appropriate licensure to provide clinical supervision to the ACT team staff. • a physician- *The physician is considered a part of the ACT team, but is not counted in the staff-to-beneficiary ratio* • a full-time RN	MDHHS Site review protocol Medicaid Provider Manual, Mental Health and Substance Abuse Services, Chapter, Section 4.3	List of Team Members, Job Titles, and Team Leader Supervision Notes/Documentation	*If the ACT team includes a nurse practitioner/clinical nurse specialist, he/she may substitute for a portion of the physician time but may not substitute for the ACT RN.* **Physician Assistants can perform clinical tasks under the terms of a practice agreement with a participating physician and must hold a PA license and controlled substance license. The physician assistant is not counted in the staff-to-beneficiary ratio*	

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	• a case or care manager A case or care manager, possessing minimally a bachelor's degree in a human services discipline, who possesses appropriate licensure to provide the core elements of case or care management with at least one year of experience providing services to adults with a mental illness, and is a QMHP. If the case or care manager has a bachelor's degree but is without one year of experience working with adults with serious mental illness or co-occurring disorders and otherwise meets the requirements of the QMHP, documentation of clinical supervision is provided in the beneficiary record. (revised 4/1/20) • Individual/family/group counseling provided by a QMHP, including a limited-licensed master's degree social worker who is supervised by a licensed master's degree social worker. (revised 4/1/20) • Up to one Full Time Equivalent (FTE) Peer Support Specialist (PSS) may substitute for one QMHP to achieve the 1:10 required staff-to-beneficiary ratio. • Up to one FTE paraprofessional staff to work with ACT teams may			**A nurse practitioner or clinical nurse specialist may perform clinical tasks delegated by and under the supervision of the physician*. If the ACT team includes a nurse practitioner/clinical nurse specialist, he/she may substitute for a portion of the physician time but may not substitute for the ACT RN. The nurse practitioner/clinical nurse specialist is not counted in the staff-to-beneficiary ratio.	

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	be counted in the staff-to-beneficiary ratio. • If the ACT team provides substance use disorder services, there must be a designated Substance Abuse Treatment Specialist who has one or more credentials through the Michigan Certification Board of Addiction Professionals (MCBAP).				
1.3	ACT team is sufficient in number to provide an intensive service array 24/7 and team size is based on a staff to consumer ratio of not more than 1:10	MDHHS Site review protocol, Medicaid Provider Manual, Mental Health and Substance Abuse Services, Chapter, Section 4.3	ACT Consumer List for FY & Correlating ACT Team Member List		
1.4	Team meetings are held Monday - Friday and documented, including attendees and consumers discussed. Psychiatrist, Physician and/or Nurse Practitioner participates in ACT team meetings at least weekly.	MDHHS Site review protocol Medicaid Provider Manual, Mental Health and Substance Abuse Services, Chapter, Section 4.4	Team meeting minutes Documentation of Psychiatrist or PA and/or Nurse Practitioner attendance/ participation in team meetings at least weekly	**Qualified Physician Assistants can perform psychiatric duties for ACT as of 10.1.18*	
1.5	Majority of ACT services are provided according to the beneficiary's preference and clinical appropriateness in the beneficiary's home or other community locations rather than the team office	Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4.4	ACT Program Description Program Brochure Policy/Procedure		
2	SELF-DETERMINATION				

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2.1	People receiving services and supports through the public mental health system shall direct the use of resources to choose meaningful specialty mental health services and supports in accordance with their IPOS as developed through the person-centered planning process.	MDHHS Self-Determination Policy and Practice Guideline	Policy/Procedure, brochures		
2.2	Individuals receive information about self-determination and the manner in which it may be accessed and applied is provided to everyone receiving mental health services.	MDHHS Self-Determination Policy and Practice Guideline	CMHSP brochures and educational materials, policy, procedure		
2.3	The individual budget and the arrangements that support self-determination are included as part of the person-centered planning process.	MDHHS Self-Determination Policy and Practice Guideline	Policy/Procedure		
2.4	Each individual participating in arrangements that support self-determination has a Self-Determination Agreement that complies with the requirements.	MDHHS Self-Determination Policy and Practice Guideline	Policy/Procedure		
2.5	Each CMHSP has a contract with at least one fiscal intermediary.	MDHHS Self-Determination Policy and Practice Guideline	Copy of FI contract		
2.6	Each CMHSP has procedures in place for assuring that fiscal intermediaries meet the minimum requirements	MDHHS Self-Determination Policy and Practice Guideline Medicaid Provider Manual	Policy/Procedure for monitoring the FI; Copy of FI contract; Copy of FI annual review		
2.7	Individuals participating in self-determination shall have assistance to select, employ, and direct his/her support personnel, and to select and retain chosen qualified provider entities.	MDHHS Self-Determination Policy and Practice Guideline	Policy/Procedure		

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2.8	The CMHSP has a process for handling both voluntary and involuntary termination of a Self-Determination Agreements.	MDHHS Self-Determination Policy and Practice Guideline	Copy of Notice of Termination; CMHSP policy/procedure		
3	PEER DELIVERED AND OPERATED SERVICES (Drop-In) (If applicable)				
3.1	Staff and board of directors of the Drop In Center are each primary consumer.	Medicaid Provider Manual, Mental Health/Substance Abuse, 17.3. H.2.	List of board members and their status as primary consumers List of staff members and their consumer status Certified through State; PIHP need a copy of review; clarification of DCH process – JIMHO		
3.2	The CMHSP supports consumer's autonomy and independence in making decisions about the Drop in Center's operations and financial management.	Medicaid Provider Manual, Mental Health/Substance Abuse, 17.3. H.2.	Minutes from meetings and participation of members, staff, and board How conflicts are resolved between the funding source and the drop-in Centers Evidence of how much	Does the drop-in contract demonstrate clear consumer Leadership? Who writes the checks for the? financial responsibilities of running the drop-in center and how are actual purchases decided	

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			involvement the liaison has.		
4	HOME-BASED SERVICES				
4.1	Responsibility for directing, coordinating, and supervising the staff/program are assigned to a specific staff position. The supervisor of the staff/program must meet the qualifications of a Qualified Mental Health Professional and be a child mental health professional with three years of clinical experience.	Medicaid Provider Manual, Mental Health and Substance Abuse Services, Section 7.1	Name, Job description		
4.2	The worker-to-family ratio meets the 1:12 requirements established in the Medicaid Provider Manual. For families transitioning out of home-based services, the maximum ratio is 1:15 (12 active, 3 transitioning).	Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1	Org chart with case load documented internal tracking document		
4.3	A minimum of 4 hours of individual and/or family face-to-face home-based services per month are provided by the primary home-based services worker (or, if appropriate, the evidence-based practice therapist).	Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1	Policy/procedures		
4.4	Home based services are provided in the family home or community.	Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1	Location of services data, policy/procedure, program brochures, contract(s), reviews		
4.5	Wraparound services follow program requirements and MDHHS approval or corrective action plan is in place.			Verification of compliance of services will also be conducted via clinical chart review tool.	

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4.6	Home-based services staff must receive weekly clinical (one on one and/or group) supervision.	Medicaid Provider Manual	Supervision logs, sign in sheets, or other documentation		
5	**CLUBHOUSE PSYCHO-SOCIAL REHABILITATION PROGRAM** (If applicable)				
5.1	Members have access to the clubhouse during times other than the ordered day, including evenings, weekends, and all holidays.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 5.	Policy, procedures, brochures, handouts Hours of Operations		
5.2	The program has a schedule that identifies when program components occur.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 5.	Policy, procedure, schedule		
5.3	The program has an ordered day; vocational & educational support; member supports (outreach, self-help groups, sustaining personal entitlements, help locating community resources, and basic necessities); social opportunities that build personal, community and social competencies.	MI Medicaid Provider Manual Section 5	Policy, procedures, schedule, handouts		
5.4	Services directly relate to employment, including transitional employment, supported employment, on-the-job training, community volunteer opportunities, and supports for the completion of educational and other vocational assistance must be available.	Program Approval, Employment Services & Educational Supports	Policy, procedures, brochures, handouts		
5.5	Members can influence and shape program operations. Clubhouse decisions are generally made by consensus.	Medicaid Provider Manual	Meeting minutes, suggestion box, other formal and/or informal		

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			decision-making evidence		
5.6	Current Clubhouse International Accreditation (or progress toward to meet deadline)	MI Medicaid Provider Manual Section 5	Copy of accreditation letter		
5.7	Member choice and involvement shall be illustrated by: • Voluntary membership • Without time-limits • Supports/services not differentiated by diagnosis or level of functioning • Individual-determined schedule of attendance and choose a work unit that they will regularly participate in • Active engagement and support from staff • Reflects the beneficiary's preferences and needs • Formal and informal decision-making is a part of the clubhouse • Staff and members work side by side	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 5	Policy, procedures, brochures, handouts		
6	**CRISIS RESIDENTIAL SERVICES**				
6.1	Eligibility: Persons who meet psychiatric inpatient admission criteria, but who have symptoms and risk levels that permit them to be treated in alternative settings.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6	Policy/procedure		
6.2	Covered services include psychiatric supervision; therapeutic support services; medication management/stabilization and	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6	Policy/procedure		

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	education; behavioral services; and nursing services.				
6.3	Child Crisis Residential Services Settings - Nursing services must be available through regular consultation and must be provided on an individual basis according to the level of need of the child.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6	Policy/procedure Agreement(s)/Contract, etc. Evidence of Implementation		
6.4	Adult Crisis Residential Settings - On-site nursing for settings of 6 beds or less must be provided at least 1 hour per day, per resident, 7 days per week, with 24-hour availability on-call. OR On-site nursing for settings of 7-16 beds must be provided 8 hours per day, 7 days per week, with 24-hour availability on-call.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6	Policy/procedure Demonstration of Compliance via Nursing Schedule, Agreements/Contracts, etc.		
6.5	Staffing: Treatment services must be provided under supervision of a psychiatrist.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6	Policy/procedure, tracking mechanism, Supervision Notes (Team Meetings, etc.)		
6.6	The IPOS for individuals receiving crisis residential services must be developed within 48 hours of admission.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6	Policy/procedure, documentation of tracking		
6.7	The IPOS for individuals receiving crisis residential services is signed by the individual receiving services, his or her parent or guardian if applicable, the psychiatrist and any other professionals involved in treatment planning.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6	Policy, procedure, additional documentation		

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6.8	The IPOS for individuals receiving crisis residential services must contain discharge planning information and the need for aftercare/follow-up services, including the role and identification of the case manager.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6	Policy, procedures, additional documentation		
6.9	If the individual has an assigned case manager, the case manager must be involved in treatment, as soon as possible, including follow-up services.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6	Policy/procedure, tracking mechanism		
6.10	If the length of stay in the crisis residential program exceeds 14 days, the interdisciplinary team must develop a subsequent plan based on comprehensive assessments.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6	Policy/procedure, tracking mechanism		
7	TARGETED CASE MANAGEMENT				
7.1	Persons must be provided a choice of available, qualified case management staff upon initial assignment and on an ongoing basis.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 13	Policy, Procedure		
7.2	The case manager completes an initial written comprehensive assessment and updates it as needed.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 13	Policy, Procedure		
7.3	The case record contains sufficient information to document the provision of case management services.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 13	Policy, Procedure	The beneficiary's record must contain sufficient information to document the provision of case management, including	

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	A formal review of the plan shall not occur less often than annually to review progress toward goals and objectives and to assess beneficiary satisfaction.			the nature of the service, the date, and the location of contacts between the case manager and the beneficiary, including whether the contacts were face-to-face. The frequency of face-to-face contacts must be dependent on the intensity of the beneficiary's needs. The case manager must review services at intervals defined in the individual plan of service. The plan shall be kept current and modified when indicated (reflecting the intensity of the beneficiary's health and welfare needs). A beneficiary or his/her guardian or authorized representative may request and review the plan at any time.	
7.4	The case manager determines if the services and supports have been delivered, and if they are adequate to meet the needs/wants of the beneficiary.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 13	Policy, Procedure	Frequency and scope (face-to-face and telephone) of case management monitoring activities must reflect the intensity of the beneficiary's health and welfare needs identified in the individual plan of services.	

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8	AUTISM BENEFIT/APPLIED BEHAVIORAL ANALYSIS				
8.1	Development of IPOS is consistent with MDHHS policies and procedures against conflict of interest as evidenced by: A. IPOS is developed through a person-centered planning process. B. The assigned individual overseeing the development of the IPOS does not provide ABA services. C. The authorization of Behavioral Health Treatment (BHT) is performed by the Utilization Management unit.	Medicaid Provider Manual MHSA Section 18	(review by Autism Workgroup & compare to site visit tool utilized by DHHS)		
8.2	Beneficiaries IPOS addresses the needs. A. As part of the IPOS, there is a comprehensive individualized ABA behavioral plan of care that includes specific targeted behaviors for improvement, along with measurable, achievable, and realistic goals for improvement. B. The IPOS must address risk factors identified for the child and family, specify how the risk factor may be minimized and describe the backup plan for each identified risk. For example, a risk factor might be how to ensure consistent staffing in the event a staff did not show up. The backup plan is that the agency has a staff who is already trained in this child's IPOS	Medicaid Provider Manual MHSA Section 18	Policy, Procedure		

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	and that staff person can be sent in the event a staff does not show up to provide a service.				
8.3	Beneficiaries BHT authorization was completed by Utilization Management (UM) staff who are free from conflict of interest as evidenced by documentation that the staff does not provide any other service to that beneficiary	Medicaid Provider Manual MHSA Section 18	Policy/Procedure		
8.4	Beneficiaries ongoing determination of level of service (every six months) has evidence of measurable and ongoing improvement in targeted behaviors as demonstrated with a reliable and valid assessment instrument (i.e., VB_MAPP, ABLLS-R, AFLS, etc.)	Medicaid Provider Manual MHSA Section 18	Policy/Procedure		
8.5	Beneficiaries IPOS are reviewed at intervals specified in the MSA 15-59 (minimally every three months) and if indicated, adjusting the service level, and setting(s) to meet the child's changing needs	Medicaid Provider Manual MHSA Section 18	Policy/Procedure		
8.6	Beneficiaries whose average hours of ABA services during a quarter were within the suggested range for the intensity of service plus or minus a variance of 25%.	Medicaid Provider Manual MHSA Section 18	Policy/Procedure		
8.7	BHT Service Provider Qualifications: BCBA or BCBA-D: Current certification as a BCBA through the Behavior Analyst Certification Board (BACB) Licensed Psychologist (LP) Minimum of a doctorate degree working within their	Medicaid Provider Manual MHSA Section 18 [BHT Service Provider Qualifications] (See Behavior Technician, pgs. 8-9)	Staff List, Job Title, Qualifications of Team Member(s)		

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	scope of practice and has extensive knowledge and training in behavior analysis as outlined in the MSA 15-59. Must be certified as a BCBA by September 30, 2020. Limited Licensed Psychologist (LLP) Minimum of a doctorate degree working within their scope of practice and has extensive knowledge and training in behavior analysis as outlined in the MSA 15-59. Must be certified as a BCBA by September 30, 2020. Board Certified Assistant Behavior Analyst (BCaBA) works under supervision of a BCBA and is currently certified as a BCaBA through BACB. QBHP: A minimum of a master's degree in a mental health-related field from an accredited institution with specialized training and one year of experience in the examination, evaluation, and treatment of children with ASD. Works within their scope of practice, works under the supervision of the BCBA, and has extensive knowledge and training in behavior analysis as outlined in the MSA 15-59. Must be certified as a BCBA by September 30, 2020. QBHP may hold a master's degree in a Behavior Analyst Certification Board (BACB) approved degree category from an accredited institution.	40-hour requirement documentation found: http://www.michigan.gov/documents/autism/BHT-ABA_Services_Qualified_Providers_510149_7.pdf Medicaid Provider Manual MHSA Section 18			

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	Behavior Technician: Works under the supervision of the BCBA or other professional (BCaBA, LP, LLP, or QBHP) overseeing the behavioral plan of care. Must receive BACB Registered Behavior Technician (RBT) training conducted by a professional experienced in BHT services.				
8.8	Observation Ratio: Number of Hours of ABA observation during a quarter are $\geq$ to 10% of the total service provided	MSA 1559 Policy	Policy/Procedure		
8.9	Evidence of CMHSP Corrective Action in response to the MDHHS ASD Site Review		Most Recent MDHHS ASD Site Review, Corrective Action Plan, Evidence of Implementation		
9	**Children's Intensive Crisis Stabilization Services**				
9.1	These services are for beneficiaries who have been assessed to meet criteria for psychiatric hospital admissions but who, with intense interventions, can be stabilized and served in their usual community environments. These services may also be provided to beneficiaries leaving inpatient psychiatric services if such services will result in a shortened inpatient stay. Policies include servicing children or youth, ages 0 to 21, with SED and/or I/DD, including autism, or co-occurring SED and SUD	Medicaid Provider Manual, Section 9; 9.2.B Population–Intensive Crisis Stabilization Services	Policy, Procedures		
9.2	Face to face contacts are occurring within one hour or less in urban counties and in	Medicaid Provider Manual, Section 9; 9.2.B Population–	Policies, Procedures,		

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	two hours in rural counties from the time of the request for ICSS	Intensive Crisis Stabilization Services	Chart documentation		
9.3	Services include: Assessment Intensive individual counseling/psychotherapy Family therapy Skill building Psychoeducation There is evidence of access to an on-call psychiatrist for team members (must always be available by telephone).	Medicaid Provider Manual, Section 9; 9.2.C Population– Intensive Crisis Stabilization Services 9.2.D Qualified Staff- Intensive Crisis Stabilization Services	Policies, Procedures, chart documentation		
9.4	For children: ICSS staff consists of at least two who travel to the child or youth in crisis. One team member must be a Master's prepared Child Mental Health Professional (or Master's prepared QIDP, if applicable) and the second team member may be another professional or para-pro under appropriate supervision.	Medicaid Provider Manual, Section 9; 9.2.D. Qualified Staff- Intensive Crisis Stabilization Services	Policies, Procedures, Job Descriptions, chart documentation		
9.5	For adult recipients: An ICSS treatment plan is developed within 48 hours. If the beneficiary receives case management services, the case manager must be involved in the treatment and follow-up services For children/youth: If the child or youth is a current recipient of CMHSP services, the existing IPOS and crisis/safety plan must be updated For children or youth who are not yet recipients of CMHSP services but are eligible for such services, a family-driven	Medicaid Provider Manual, Section 9; 9.2.C Population– Intensive Crisis Stabilization Services	Policies, Procedures, Chart documentation		

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	and youth-guided follow-up plan must be developed.				
9.6	If the child or youth is a current recipient of CMHSP services, there is evidence of the mobile intensive crisis stabilization team members notifying the primary therapist, case manager, or Wraparound facilitator, as applicable, of the contact with the mobile intensive crisis stabilization team the next business day. Evidence that a follow-up contact has been made with the child or youth and parent/caregiver by the primary therapist, case manager, or wraparound facilitator once the primary case holder was informed of the child or youth's contact with the ICSS team.	Medicaid Provider Manual, SECTION 9; 9.2.F. Individual Plan of Service – Intensive Crisis Stabilization Services	Policies, Procedures, chart documentation		
9.7	If the child or youth is not yet a recipient of CMHSP services but is eligible for such services, the follow-up plan must include: -Appropriate referrals to mental health assessment and treatment resources and any other resources the child or youth and parent/caregiver may require - Next steps for obtaining needed services, timelines for those activities, and identifies the responsible parties. - The mobile intensive crisis stabilization team members have contacted the parent/caregiver by phone or face-to-face within seven business days to determine the status of the stated goals in the follow-up plan	Medicaid Provider Manual, SECTION 9; 9.2.F. Individual Plan of Service – Intensive Crisis Stabilization Services	Policies, Procedures, Chart documentation		