|  |
| --- |
| Access and Eligibility (Utilization Management) |
| 1.1 | Access system is available 24 hours per day, 7 days per week or provider has process to ensure consumer ability to access after hour services.  | PIHP Contract; Access System Standards (September 2015) | Access Policies and procedures Method of informing consumersAfter hour voicemail | [ ]  0[ ]  1[ ]  2[ ]  NA |   |
| 1.2 | Access system provides appropriate responses based on * presenting circumstances and/or
* referral requirements
* Priority population status

Reviewer will look for all components including guidelines for interim service(s).  | PIHP ContractAccess System Standards  | in policies and procedures for access and availability, Screening Procedures, call logs  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 1.3 | Individuals approaching the access system are informed of available service options and how to access services. | Access System Standards | No Wrong Door Procedures, Training, Resource(s) Available onsite | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 1.4 | Initial/provisional eligibility and level of care determination is made by conducting a professional screening. Review for: Demographics, benefit, population group, ASAM LOC Determination, Provisional Diagnoses, Risk, etc.  | PIHP ContractAccess System Standards (September 2015) | Policy/Procedure, Brief Screening and REMI LOC Determination | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
|  |  |  | **Total Score** | **0** |  |
| Access and Eligibility Findings and Corrective Action |
| Strengths:Findings:  Recommendations:   |
|
|
| Information (Customer Service) |
| 2.1 | Information Requirements and Notices:  The Provider shall provide the following information to all consumers:  Names, locations, telephone numbers of, and non-English languages spoken by current providers in the consumer’s service area, including identification of providers that are not accepting new patients. | SUD Contract,42 CFR Part 2438.10(f)(6)(i) | Member Handbook, Procedure, Provider Choice Listing document provided to consumers, other related documentation | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.2 | All informational materials, including those describing consumer rights, service requirements and benefits are provided in a manner and format that may be easily understood.  Informational materials are written at the 4th grade reading level when possible (i.e., it may be necessary to include medications, diagnoses and conditions that do not meet criteria).   | 42 CFR.  438.10(b)(1); 42 CFR 438.10(d)(1)(i); MDCH Contract 6.3.242 CFR 438.10(b)(3)                                            | Method used to ensure the readability level. | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.3 | Written materials are available in alternative formats that consider the special needs of the consumer, including those with vision impairments or limited reading proficiency as required by the ADA.  | 42 CFR 438.10(d)(1)(ii); MDHHS Contract 6.3.2 | Samples of written materials in alternative formats | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.4 | Written materials, including information developed by the PIHP, are available in the prevalent non-English languages of the service area | 42 CFR 438.10(d) (1)(ii); MDCH Contract 6.3.3; HSAG 8 2b | Samples of written materials in languages meeting LEP requirements; State provided materials, such as Spanish Recipients Rights brochure, Spanish Recipient Rights poster | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.5 | A policy and/or procedure is in place for accessing the language needs of individuals served.  | 42 CFR 438.10(c)(4); MDHHS Contract 6.4 | Copy of policy/procedure that references process for accessing language needs of community.  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.6 | Oral interpretation of all languages is available free of charge. | P6.3.1.1 Customer Service Standards;42 CFR 438.10(C)4 | Policy, contract for language interpreter,  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
|  The following information is provided to all consumers within a reasonable time after notice of the consumers referral (applies to standards 2.7 - 2.14 below): |
| 2.7 | b) Amount, duration and scope of services available in sufficient detail to ensure that consumers understand the services to which they are entitled; | MDHHS Contract 6.3.3.B.2 | Member Handbook, policy, other related documentation  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.8 | c) Procedures for obtaining services including authorization requirements; | MDHHS Contract 6.3.3.B.2 | Member Handbook, other related procedures/ documentation | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.9 | d) Extent to which, and how, recipients may obtain benefits for out of network providers; | MDHHS Contract 6.3.3.B.2 | Member Handbook, other related procedures/ documentation | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.10 | e) Extent of and how after-hours crisis services are provided; including definitions and locations of emergency and post-stabilization services and the right to access such services; | MDHHS Contract 6.3.3.B.2 | Member Handbook, other related procedures/ documentation | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.11 | f) Consumer rights and protections, including information about the right to file grievances and appeals, the requirements and time frames for filing a grievance or appeal, the availability of assistance in the filing process, the toll-free numbers that consumers can use to file a grievance or an appeal by phone, the right to a State Fair Hearing, and the fact that benefits can continue if requested by consumer pending an appeal or hearing decision; | MDHHS Contract 6.3.3.B.2 | Member Handbook, other related procedures/ documentation | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.12 | g) Any cost-sharing and how to access any other benefits available under the state plan but not covered in contract; | MDHHS Contract 6.3.3.B.2 | Member Handbook, other related procedures/ documentation | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.13 | h) Additional information is available upon request, regarding the PIHP operational structure and physician incentive plans; | MDHHS Contract 6.3.3.B.2 | Member Handbook, other related procedures/ documentation | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.14 | i) Consumers are notified of their right to receive all required information at least once per year. | MDHHS Contract 6.3.3.B.2 | Member Handbook, Policy, procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.15 | Good faith effort to give written notice of termination of a contracted provider, within 15 days after receipt or issuance of the termination notice, to each beneficiary who received his or her primary care from, or was seen on a regular basis by, the terminated provider.  | 42 CFR 438.10(d) (1)(ii); MDHHS Contract 6.3.2 | Policy, procedure  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.16 | The SUDSP has a written advance directives policy and procedures.  | 42 CFR 422.128(a)  | Policy/procedures  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.17 | The advance directives policy requires that there is documentation in a prominent part of the beneficiary’s current medical record as to whether or not the beneficiary has executed an advance directive.  | 42 CFR 422.128 (b)(1)(ii)(E) | Policy, procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.18 | The SUDSP provides all adult beneficiaries with written information on advance directives policies, including a description of applicable State laws. This includes information on the beneficiary’s right to make decisions concerning his or her medical care, including the right to accept or refuse treatment, and the right to formulate advance directives  | 42 CFR 438.6(i)(3); 422.128(b)(1)(ii)(B)  | Policy, procedures, related written materials, Advance Directive brochure,  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.19 | The information provided to adult beneficiaries on advance directives must reflect changes in State law as soon as possible, but no later than 90 days after the effective date of the change.  | 42 CFR 438.6(i)(4); | Policy/procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
|  |  |  | **Total Score** | 0 |  |
| Information (Customer Service) Findings and Corrective Action |
| Strengths:    Findings:      Recommendations:       |
|
|
| Enrollee Rights and Protections (Customer Service) |
| 3.1 | Local communication with consumers regarding the role and purpose of the PIHP’s Customer Services and Recipient Rights Office. | MDHHS Contract 6.3 | Flyers, brochures, Member Handbook, other related documentation | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 3.2 | Medicaid beneficiaries receive a Member Handbook when they first come to service. Thereafter, providers shall offer the most current version of the handbook annually at the time of person-centered planning, or sooner if substantial changes have been made to the handbook.  | MDHHS Contract P 6.3.1.1 | Policy, procedures, current version of Member Handbook, and/or other written materials | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 3.3 | Consumers are allowed to choose their health care professional(s) to the extent possible and appropriate.  | 42 CFR 438.6(m);MDHHS Contract 3.4 | Policy language and/or other written materials related to consumer choice of treatment professional; Member Handbook | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 3.4 | Policies and member materials include the enrollee’s right to be treated with respect and due consideration of his or her dignity and privacy. | 42 CFR 438.100(b)(2)(ii); 42 CFR 160 and 164 | LARA Recipient Rights brochure, policies, Member Handbook | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 3.5 | Policies and member materials include the enrollee’s right to receive information about available treatment options and alternatives, presented in a manner appropriate to the enrollee’s condition and ability to understand.  | 42 CFR 438.100(b)(2)(iii)  | LARA Recipient Rights brochures, Member Handbook, Policy and procedures | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 3.6 | A Provider not electing to provide, reimburse for, or provide coverage of, a counseling or referral service based on objections to the service on a moral or religious grounds must furnish information about the services it does not cover as follows: • Inform the PIHP prior to any action• To potential enrollees, before and during enrollment; and• To enrollees, within 90 days after adopting the policy with respect to any particular service, with the overriding rule to furnish the information 30 days before the policy effective date. | 42CFR438.10(f)(6)(xii)) | Policy language or description of information about the service it does not cover | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 3.7 | The Provider's policies provide the enrollee the right to participate in the decisions regarding his or her healthcare, including the right to refuse treatment.  | 42 CFR 438.100(b)(2)(iv)  | LARA Recipient Rights brochure, policy, Member Handbook, procedures | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 3.8 | The Provider's policies and member materials will provide enrollees the right to be free from any form of coercion, discipline, convenience, or retaliation.  | 42 CFR 438.100(b)(2)(iv)  | LARA Recipient Rights brochure, policy, Member Handbook Policy | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 3.9 | The Provider ensures that consumers are free to exercise their rights in a manner that does not adversely affect their services. | 42 CFR 438.100 (3)(c); 42 CFR 438.210                                                                                                           | LARA Recipient Rights brochure, policy, Member Handbook Policy | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
|  The recipient rights policies and procedures shall meet all of the following requirements (applies to standards 3.10 - 3.14 below):  |
| 3.10 | a) Require the program director to designate a staff member to function as the program rights advisor who shall do all of the following:  | R 325.14302(3)(a) | Policy, other related documentation | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 3.11 | b) There is evidence that the Recipient Rights Advisor has been trained on the recipient rights procedures.  | R 325.14302(3)(a)(i) | Policy, proof/description of training, other related documentation | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 3.12 | c) The Recipient Rights Advisor receives and investigates all recipient rights complaints independent of interference or reprisal from the program administration.   | R 325.14302(3)(a)(ii) | Policy, procedures, other related documentation | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 3.13 | d) The Recipient Rights Advisor communicates directly with the coordinating agency rights consultant when necessary.   | R 325.14302(3)(a)(iii) | Policy, other related documentation, procedures | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 3.14 | e) Copies of recipient rights policies and procedures shall be provided to each member of the program staff.  A signed copy shall be maintained in the staff personnel file and a signed copy shall be retained by the staff member.   | R 325.14302(4) | Policy, other related documentation, procedures, sample document provider utilizes for staff files | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
|  |  |  | **Total Score** | 0 |  |
| Enrollee Rights and Protections (Customer Service) Findings and Corrective Action |
| Strengths:      Findings: Recommendations:  |
|
|
| Grievance & Appeals (Customer Service) |
| 4.1 | There are publicized and available appeal mechanisms for consumers. | MDHHS Grievance & Appeal Technical Requirements Attachment P.6.3.1.1 | Policy, MSHN notification letters, evidence of written materials related to appeal mechanisms, G&A brochure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 4.2 | Notification of a denial is sent to both the consumer and the provider as applicable. This notification of a denial includes a description of how to file an appeal. | MDHHS Grievance & Appeal Technical Requirements Attachment P.6.3.1.1 | Policy and procedure, notification of denial letter, related written materials | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 4.3 | Incentives are not present for the denial, limitation, or discontinuation of services to any consumer. | 42 CFR 438.404( c);MDHHS Grievance & Appeal Technical Requirements Attachment P.6.3.1.1 | Policy, procedures, G&A brochure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 4.4 | Consumers are provided with written adequate notice of action regarding authorization of services: at the time of the decision to deny payment for a service (on the same date the action takes effect); at the time of the signing of the individual plan of services/supports; within 14 calendar days of the request for a standard service authorization if the decision will deny or limit services; and within 72 hours of the request for an expedited service authorization if the decision will deny or limit services. | 42 CFR 438.210(c);42 CFR 438.404; MDHHS Grievance & Appeal Technical Requirements Attachment P.6.3.1.1 | Policy/procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 4.5 | Provider utilizes most current MSHN Adverse Benefit Determination.  | 42 CFR 438.404(b), etc.; MDHHS Grievance & Appeal Technical Requirements Attachment P.6.3.1.1 MSHN SUD Provider Manual | Policy/procedure, sample notices | [ ]  0[ ]  1[x]  2[ ]  NA |  |
| 4.6 | Consumers are provided with written advance notice of action 10 calendar days before the intended action will take effect, when an action is being taken to reduce, suspend, or terminate previously authorized services | 42 CFR 438.404(c), etc.; MDHHS Grievance & Appeal Technical Requirements Attachment P.6.3.1.1 | Policy/procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 4.7 | Consumers are given reasonable assistance to complete forms and to take other procedural steps to file a grievance, appeal, and/or State Fair Hearing request. This includes but is not limited to providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability. | 42 CFR 438.406(a); MDHHS Grievance & Appeal Technical Requirements Attachment P.6.3.1.1 | Policy/procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 4.8 | A local appeal process has been established for Medicaid/HMP consumers to appeal action, and consumers are informed of the availability of this process.  | 42 CFR 438.402(a); MDHHS Grievance & Appeal Technical Requirements Attachment P.6.3.1.1;42 CFR 438.410(c);  | Policy/procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 4.9 | An expedited appeal process has been established for Medicaid/HMP consumers to appeal an action, and consumers are informed of the availability of this process.  | 42 CFR 438.410(c); MDHHS Grievance & Appeal Technical Requirements Attachment P.6.3.1.1 | Policy/procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 4.10 | If a request for an expedited resolution of an appeal is denied, the Provider: •Transfers the appeal to the standard resolution time frame. • Initiates reasonable efforts to provide prompt oral notice of the denial. •Provides follow-up written notice to consumer within 2 calendar days. • Resolve the Appeal as expeditiously as the Enrollee’s health condition requires but not to exceed 30 calendar days. | 42 CFR 438.402(a); MDHHS Grievance & Appeal Technical Requirements Attachment P.6.3.1.1;42 CFR 438.410(c);  | Policy, procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 4.11 | Receipt of each grievance and appeal is acknowledged. MSHN acknowledgement letters are utilized.  | 42 CFR 438.400; MDHHS Grievance & Appeal Technical Requirements Attachment P.6.3.1.1 | Policy, procedure  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 4.12 | A written notice of the disposition of a grievance and appeal is provided and reasonable efforts to provide oral notice of an expedited resolution is made.  MSHN resolution notice templates are utilized. | 42 CFR 438.408;MDHHS Grievance & Appeal Technical Requirements Attachment P.6.3.1.1 | Policy/procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 4.13 | Oral requests for a local appeal of an action are accepted and confirmed in writing (unless the consumer requests expedited resolution for which oral response is allowed). | 42 CFR 438.400;MDHHS Grievance & Appeal Technical Requirements Attachment P.6.3.1.1 | Policy, procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 4.14 | Maintain a log of all grievances and requests for appeal to allow reporting to the PIHP Quality Improvement Program that ensures individuals who make the decisions on appeal were not involved in the previous level review or decision-making. | 42 CFR 438.416; MDHHS Grievance & Appeal Technical Requirements Attachment P.6.3.1.1;42 CFR 438.405(a) | Policy, procedure, log or log template if have no reported grievances and appeals | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 4.15 | The content of notices of disposition includes an explanation of the results of the resolution and the date it was completed. When the appeal is not resolved wholly in favor of the consumer, the notice of disposition must also include: • the right to request a state fair hearing, and how to do so; • the right to request to receive benefits while the state fair hearing is pending, if requested within 10 days of the mailing the notice of disposition, and how to make the request; and the consumer may be held liable for the cost of those benefits if the hearing decision upholds the action.  | 42 CFR 438.408(d)(2)(I); 42 CFR 438.408(e); MDHHS Grievance & Appeal Technical Requirements Attachment P.6.3.1.1 | Policy, procedure and copy of MSHN disposition letter templates | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 4.16 | Medicaid consumers are informed of their right to access to the State Fair Hearing process for appeal of actions, including the 120 calendar day deadline (from the date of the appeal denial notice) for filing a request.  | 42 CFR 438.414; 42 CFR 438.10(g)(1); MDHHS Grievance & Appeal Technical Requirements Attachment P.6.3.1.1 | Policy, procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 4.17 | The Provider provides acknowledgement of grievance and appeals, Adverse Benefit Determination and disposition notices within timeframes specified by and according to MSHN Medicaid Beneficiary Appeals and Grievances Policy. | MSHN Medicaid Beneficiary Appeals and Grievances Policy; MDHHS Grievance & Appeal Technical Requirements Attachment P.6.3.1.1 | Policy, procedures  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
|   |   |   | **Total Score** | 0 |   |
| Grievance and Appeals (Customer Service) Findings and Corrective Action |
| Strengths:      Findings: Recommendations:  |
|
| Quality and Compliance |
| 5.1 | The Provider has an implemented Compliance Plan in accordance with state and federal laws and guidelines.  | SUD Fiscal Year 2016 Substance Use Disorder Treatment and Prevention Contractual Agreement: Section II.C.15; 42 CFR 438.608;  |  Compliance Plan | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 5.2 | There are written policies, procedures, and standards of conduct that articulates the organizations commitment to comply with all applicable Federal and State standards, and to guard against fraud and abuse.  | SUD Fiscal Year 2016 Substance Use Disorder Treatment and Prevention Contractual Agreement: Section II.C.15; 42 CFR 438.608;  |  Compliance Plan, Policies, Procedures | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 5.3 | There are clearly defined practices that provide for prevention, detection, investigation, and remediation of any compliance related matter.  | SUD Fiscal Year 2016 Substance Use Disorder Treatment and Prevention Contractual Agreement: Section II.C.15; 42 CFR 438.608;  |   Compliance Plan, Policies, Procedures | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 5.4 | There is a designated Compliance Officer and a Compliance Committee that are accountable to senior management.  | SUD Fiscal Year 2016 Substance Use Disorder Treatment and Prevention Contractual Agreement: Section II.C.15; 42 CFR 438.608;  |   Compliance Plan, Policies, Procedures | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 5.5 | The Compliance Officer and organization's employees have received appropriate compliance related training and education, including training on the compliance plan and related policies and procedure.  | SUD Fiscal Year 2016 Substance Use Disorder Treatment and Prevention Contractual Agreement: Section II.C.15; 42 CFR 438.608;  |   Compliance Plan, Policies, Procedures | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 5.6 | There are well publicized disciplinary guidelines and enforcement standards related to compliance.  | SUD Fiscal Year 2016 Substance Use Disorder Treatment and Prevention Contractual Agreement: Section II.C.15; 42 CFR 438.608;  |   Compliance Plan, Policies, Procedures | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 5.7 | There is a process for internal monitoring and reporting of compliance related issues.  | SUD Fiscal Year 2016 Substance Use Disorder Treatment and Prevention Contractual Agreement: Section II.C.15; 42 CFR 438.608;  |   Compliance Plan, Policies, Procedures | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 5.8 | There is a process for a prompt response to detected compliance related offenses and the requirement of plans of correction as needed.  | SUD Fiscal Year 2016 Substance Use Disorder Treatment and Prevention Contractual Agreement: Section II.C.15; 42 CFR 438.608;  |   Compliance Plan, Policies, Procedures | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 5.9 | The Provider has a process in place to ensure immediate reporting to the MSHN Compliance Officer regarding any suspicion of knowledge of Medicaid fraud and abuse prior to attempting to investigate or resolve the alleged fraud and/or abuse. | SUD Fiscal Year 2016 Substance Use Disorder Treatment and Prevention Contractual Agreement: Section II.C.15; 42 CFR 438.608;  |   Compliance Plan, Policies, Procedures | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 5.10 | The Provider has a process to collect information about the nature of fraud and abuse complaints, the name of the individuals or entity involved in the suspected fraud or abuse, including name, address, phone number, and Medicaid identification number and/or any other identifying information. | SUD Fiscal Year 2016 Substance Use Disorder Treatment and Prevention Contractual Agreement: Section II.C.15; 42 CFR 438.608;  |   Compliance Plan, Policies, Procedures | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 5.11 | The Provider has current (without provisions) and appropriate accreditation status. | SUD Fiscal Year 2016 Substance Use Disorder Treatment and Prevention Contractual Agreement: Attachment A.9 |   Accreditation Verification | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 5.12 | The Provider maintains a consumer satisfaction process that demonstrates progress towards continual improvement and is in accordance with MSHN's consumer satisfaction policy. | SUD Fiscal Year 2016 Substance Use Disorder Treatment and Prevention Contractual Agreement: Attachment E.5 |   Compliance Plan, Policies, Procedures | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
|  |  |  | **Total Score** | 0 |  |
| Quality and Compliance Findings and Corrective Action |
| Strengths:      Findings: Recommendations:  |
|
| Individualized Treatment & Recovery Planning & Documentation Standards  |
| Written Policies and/or Procedures include the following elements: |  |  |  |  |
| 6.1 | The individualized treatment plan adequately identifies the individual’s chosen or preferred outcomes and goals, identified needs, and utilizes consumer’s strengths to establish effective methods of pursuing goal(s).  | BSAAS Policy 06  | Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 6.2 | Services and supports identified in the individualized treatment plan assist the individual in pursuing outcomes consistent with their preferences and goals. | BSAAS Policy 06  | Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 6.3 | Treatment and recovery planning includes the individual, counselor, family or other supports as identified by the client.  | BSAAS Policy 06  | Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 6.4 | Individuals are provided with ongoing opportunities to provide feedback on services, supports and/or treatment they are receiving, and their progress towards attaining outcomes. | BSAAS Policy 06  | Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 6.5 | The treatment planning process is used to modify the individual plan of service in response to changes in the individual’s preferences or needs.Procedures should include initial & review requirements & guidelines to alter plan if/when consumer status changes.  | BSAAS Policy 06  | Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 6.6 | The treatment plan adequately addresses needs identified in the biopsychosocial assessment, utilizing client strengths, to achieve desired outcomes. | BSAAS Policy 06  | Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 6.7 | Specific services and supports to be provided, including the amount, scope, and duration of services, are identified in the plan of service. |  MSHN SUD Provider Manual | Policy/Procedure | [ ]  0[x]  1[ ]  2[ ]  NA |  |
| 6.8 | Services and treatment identified in the individual treatment plan(s) are provided as specified in the plan. | BSAAS Policy 06 | Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 6.9 | Medical necessity for services, and changes of, are documented and justified in the individualized treatment plan and treatment plan reviews. | BSAAS Policy 06 | Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 6.10 | The frequency of plan review for the individual is specified in the plan. Frequency and scope of monitoring of the plan reflects the intensity of the beneficiary’s health and welfare is identified in the plan.  | Medicaid Manual Mental Health and Substance Abuse sec. 3.24 | Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 6.11 | All forms/documents placed in consumers records/charts have identifying information.  | Medicaid Provider Manual; recordkeeping MDCH site review protocol 6.2.3 | Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 6.12 | Consumers are provided a copy of his/her plan & approve the plan in writing. The client, counselor, and other involved individuals, such as significant others, family and mental health providers, must sign the form indicating understanding of the plan and the expectations. | MSHN SUD ManualBSAAS Policy 06 | Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 6.13 | FASD Policy/procedures:* Prevention procedures are complete and implemented into programming.
* FASD pre-screen procedures are complete and implemented into programming.

Providers should have evidence of risk factors in procedures. | MDHHS Treatment Policy 11 | Policy/ProcedureChart DocumentationPre-screen(s)ReferralsPrevention Activities (Description, curriculum, etc.) | ☐ 0☐ 1☐ 2☐ NA |  |
| 6.14 | Provider policies, procedures, and practices (effective March 2018):1. Recognize multiple pathways to recovery
2. Reject any practice of requiring MAT clients accelerated tapering and/or mandated period of abstinence
3. Include MAT-Friendly language that prohibits disparaging, delegitimizing, and/or stigmatizing MAT either with individual clients or in the public domain
4. Ensure MAT-acceptance from the point of Access
 | SAPT MAT Consensus StatementMSHN SUD Provider Manual | Policy/Procedure(s)Chart DocumentationTrainingEvidence of Collaboration Agreements with MAT & Non-MAT Providers | ☐ 0☐ 1☐ 2☐ NA |  |
|  |  |  | **Total Score** | 0 |  |
| Individualized Treatment & Recovery Planning & Documentation Standards (Utilization Management) Corrective Action |
| Strengths:  Findings: Recommendations:  |
|
|
| Coordination of Care (Quality Improvement) |
| 7.1 | Care coordination services include duties associated with:• Transferring Clients• Accepting/Sending/Denying Referrals• Treatment Planning for Individual/Family• Discharge Planning | MSHN SUD Manual | Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 7.2 | Coordination of care involves Primary Care Physician involvement in the treatment planning process and/or linkage/referral/follow up to a primary care physician if one is not identified by the client. | MSHN SUD Manual | Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 7.3 | Program keeps a maintained list of resources available includes: name, location, types of services resource will provide, resource’s criteria for determining eligibility. | R 325.14115 | Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 7.4 | Provider has Communicable Disease procedures in place to assure: All recipients of SUD services, infected by mycobacterium tuberculosis receives a referral for medical evaluation and treatment.  All clients entering treatment are screened for HIV/AIDS, STD/Is, TB, hepatitis and provided with information about risk.  At the point of entrance, clients identified to have high-risk behaviors, receive information on resources and referral to testing and treatment. | BSAAS Policy 2, pg. 2 of 3 | Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 7.5 | There is a policy in place to determine the necessity or advisability of a medical examination for each client as applicable. | R 325.14704 (1) | Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
|   |   |   | **Total Score** | 0 |   |
| Coordination of Care (Quality Improvement) Findings and Corrective Action |
| Strengths:      Findings: Recommendations:  |
|
|
|
| Provider Staff Credentialing |
| 8.1 | All staff members have an individualized personnel file which includes, but is not limited to:  complete job description which has been signed, documentation of orientation, annual evaluation, training, etc. | R 325.14112 | Policy/proceduresPersonnel files | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 8.2 | There are written policies and procedures which specify what the staff development program is comprised of and how it operates. | R 325.14114 | Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 8.3 | Criminal Background Checks are conducted as a condition of employment. At a minimum, checks should take place every other year from when the initial check was made. Criminal record should not necessarily bar employment - justification for decisions should be documented in the personnel file and consistent with state and federal rules and regulations. Use of OTIS is not an appropriate resource. | SUD Policy Manual IV. Credentialing and Staff Qualification Requirements.  | Personnel File; Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 8.4 | Provider agency that directly employs or contracts with an individual to provide prevention or treatment services conducts an ongoing verification of credential(s), monitoring development plans, and compliance with CE requirements | SUD Policy Manual IV. Credentialing and Staff Qualification Requirements.  | Personnel File; Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 8.5 | All individuals performing staff functions must: | SUD Policy Manual IV. Credentialing and Staff Qualification Requirements.  | Personnel File; Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 1) Be certified appropriate to their job responsibilities under one of the credentialing categories or an approved alternate credential; or |
| 2) Have a registered development plan and be timely in its implementation; or |
| 3) Be functioning under a time-limited plan |
| 8.6 | Supervision activities are recorded outside of client records and are generally reflected in a log. Supervision activities that are recorded in client records involve the review and cosigning of progress notes, assessments, and treatment plans, only of those individuals who are providing clinical services as part of an internship placement through an institution of higher learning. | SUD Policy Manual IV. Credentialing and Staff Qualification Requirements.  | Supervisory Logs; Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 8.7 | To provide supervision in the SUD prevention and treatment fields, an individual must have one of the following MCBAP credentials or an established dev. plan leading to certification in one of the credentials: CPC-M, CPC-R, CPS-M, CPS, CHES, NCHEC, CCS-M, CCS, DP-S, ASAM, APA | SUD Policy Manual IV. Credentialing and Staff Qualification Requirements.  | MCBAP certification; Supervision logs;Policy/Procedure  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
|
|
| 8.8 | Credentialing and re-credentialing must be conducted and documented for at least the following health care professionals:a. Physicians (M.D.s and D.O.s), b. Physician's Assistants c. Psychologists (Licensed, Limited License, and Temporary License), d. Licensed Master's Social Workers, Licensed Bachelor's Social Workers, Limited License Social Workers, and Registered Social Service Technicians, e. Licensed Professional Counselorsf. Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses, g. Occupational Therapists and Occupational Therapist Assistants, h. Physical Therapists and Physical Therapist Assistants, i. Speech Pathologists | P7.1.1MSHN Credentialing Procedure | Personnel File; Policy/Procedure; | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 8.9 | Initial Credentialing at a minimum, policies, and procedures for the initial credentialing of the individual practitioners must require: 1. A written application that is completed, signed, and dated by the provider and attests to the following elements: a. Lack of present illegal drug use; b. Any history of loss of license and/or felony convictions; c. Any history of loss or limitation of privileges or disciplinary action; d. Attestation by the applicant of the correctness and completeness of the application. Initial Credentialing at a minimum, policies, and procedures for the initial credentialing of the individual practitioners must require an evaluation of the provider's work history for the prior five years. | P7.1.1MSHN Credentialing Procedure | Personnel File; Policy/Procedure; | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 8.10 | Initial Credentialing at a minimum, policies, and procedures for the initial credentialing of the individual practitioners must require Verification from primary sources of: a. Licensure or certification; b. Board Certification, or highest level of credentials attained if applicable, or completion of any required internships/residency programs, or other postgraduate training; c. Documentation of graduation from an accredited school; d. NPDB/HIPDB, in lieu of the NPDB/HIPDB, all of the following: i. Minimum 5-year history of professional liability claims resulting in a judgment or settlement; ii. Disciplinary status with regulatory board or agency; iii. Medicare/Medicaid sanctions.e. If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the AMA or AOA may be used to satisfy the PSV of (a), (b), and (c). | P7.1.1MSHN Credentialing Procedure |  |  |  |
| 8.11 | For consideration of temporary or provisional credentialing, at a minimum a provider must complete a signed application that must include the following items: 1. Lack of present illegal drug use; 2. History of loss of license, registration, or certification and/or felony convictions; 3. History of loss or limitation of privileges or disciplinary action; 4. A summary of the provider's work history for the prior five years; 5. Attestation by the applicant of the correctness and completeness of the application.The Provider must conduct primary source verification of the following: 1. Licensure or certification; 2. Board certification, if applicable, or the highest level of credential attained; and 3. Medicare/Medicaid sanctions. | P7.1.1MSHN Credentialing Procedure | Personnel File; Policy/Procedure; | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 8.12 | At a minimum, the re-credentialing policies for physicians and other licensed, registered, or certified health care providers must identify procedures that address the re-credentialing process and include requirements for each of the following: 1. Re-credentialing at least every two years.2. An update of information obtained during the initial credentialing.3. A process for ongoing monitoring, and intervention if appropriate, of provider sanctions, complaints and quality issues pertaining to the provider, which must include, at aminimum, review of:a. Medicare/Medicaid sanctions.b. State sanctions or limitations on licensure, registration, or certification.c. Member concerns which include grievances (complaints) and appeals information.d. Quality issues. | P7.1.1MSHN Credentialing Procedure | Personnel File; Policy/Procedure; | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 8.13 | An individual practitioner or organizational provider that is denied credentialing or recredentialing by the Provider shall be informed of the reasons for the adverse credentialing decision in writing by the Provider. | P7.1.1MSHN Credentialing Procedure | Copy of Written Notice; Policy/Procedure; | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 8.14 | The provider must have procedures for reporting improper known organizational provider or individual practitioner conduct that results in suspension or termination from the PIHP's provider network to appropriate authorities (i.e., DCH, the provider's regulatory board or agency, the Attorney General, etc.).  Such procedures shall be consistent with current federal and state requirements, including those specified in the DCH Medicaid Managed Specialty Supports and Services Contract. | P7.1.1MSHN Credentialing ProcedureSUD Contract | Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 8.15 | Provider shall not assign a consumer to any practitioner who has not fully complied with credentialing process. | SUD Contract 2.C.2  | Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 8.16 | Provider must search at least on a monthly basis the OIG exclusion database to ensure individuals or entity has not been excluded from participating in federal health care programs. Documentation of monthly searches must be made available to MSHN. (LIP, director, manager, 5% or more ownership)Monthly review of GSA and MDHHS exclusion lists | SUD Contract IX.B.3.iSUD Contract IX.B.3.n | Monthly monitoring logs; Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 8.17 | PROVIDER must require staff members, directors, managers, or owners or contractors, for the provision of items or services that are significant and material to PROVIDER obligations under its contract with MSHN, to disclose all felony convictions and any misdemeanors for violent crimes to PROVIDER.  PROVIDER employment, consulting, or other agreements must contain language that requires disclosure of any such convictions to PROVIDER. | SUD Contract IX.B.3.l | Copy of Disclosure Statement; Policy/Procedure | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
|  |  |  | **Total Score** | 0 |  |
| Provider Staff Credentialing Findings and Corrective Action |
| Strengths:    Findings:      Recommendations:       |
|
|

|  |
| --- |
| **SUPPLEMENT REVIEW RESULTS** **(NOT INCLUDED ABOVE IN DMC REVIEW)** |
| **FINANCIAL REVIEW**  |
| **Strengths:****Findings:****Recommendations:**  |
| **PERFORMANCE INDICATOR SELECTION** |
| **Record Results:** |
| **Comments:** |
| Summary of Findings and Corrective Action |
| **Strengths:****Findings:****Recommendations:** |
| **STAFF TRAINING SELECTION** |
| **Record Results:** |
| **Comments:** |
| Summary of Findings and Corrective Action |
| **Strengths:****Findings:****Recommendations:** |