# MSHN Monitoring of Delegated Functions – Admin/Managed Care Functions

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| **CMHSP NAME:** Choose an item. | | | | **DATE OF REVIEW:** Click or tap to enter a date. | | |
| **NAMES OF REVIEWERS:** | B. Groom | D. Dedloff | M. Davis | | A. Dillon |  |
| S. Myers | K. Jaskulka | K. Hammack | F. Goodrich | | C. Watters |  |
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| # | **Standard** | **Basis/Source** | **Evidence of Compliance could include:** | **Met Standard**  **Yes/No/**  **Partial/NA** | **Evidence Found:**  **Notes/Comments** |
| --- | --- | --- | --- | --- | --- |
| 1.1 | **INFORMATION (CUSTOMER SERVICES)**  Information Requirements and Notices:  The CMHSP 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 information at least one provider when determined needed or requested. | PIHP contract,  42 CFR Part 2  438.10(f)(6)(i) | Member Handbook, Provider Choice Listing, other related documentation | Y  N  P  NA |  |
| 1.2 | 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); MDHHS Contract 6.3.2;  42 CFR 438.10(b)(3) | Method used to ensure the readability level. | Y  N  P  NA |  |
| 1.3 | 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, MDHHS Contract 6.4 | Samples of written materials in alternative formats  Copy of policy/procedure. Reference materials on language needs of community. | Y  N  P  NA |  |
| 1.4 | 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. Reference materials on language needs of community. | Y  N  P  NA |  |
| 1.5 | Written materials, including information developed by the PIHP, are available in the prevalent non-English languages of the service area (spoken as the primary language by more than 5% of the population in the PIHPs Region. | 42 CFR 438.10(d) (1)(ii); MDHHS Contract 6.3.2 | Samples of written materials in languages meeting LEP requirements | Y  N  P  NA |  |
| 1.6 | 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, Member Handbook | Y  N  P  NA |  |
| 1.7 | The following information is provided to all consumers within a reasonable time after notice of the consumer’s referral:  a) Names, any group affiliation, website, specialty, cultural capability, non-English language spoken, appropriate accommodations for physical disabilities, locations and telephone numbers of current providers. This includes at a minimum information about case managers, psychiatrists, primary therapists, etc., and any restrictions on the consumer’s freedom of choice among providers;  b) Amount, duration and scope of services available in sufficient detail to ensure that consumers understand the services to which they are entitled;  c) Procedures for obtaining services including authorization requirements;  d) Extent to which, and how, recipients may obtain benefits for out-of-network providers;  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;  f) Consumer rights and protections, including information about the right to a State Fair Hearing, 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, and the fact that benefits can continue if requested by consumer pending a hearing decision;  g) Any cost-sharing and how to access any other benefits available under the state plan but not covered in contract;  h) Additional information is available upon request, regarding the PIHP operational structure and physician incentive plans;  i) Consumers are notified of their right to receive all required information at least once per year. Provider Member Handbook Annually | MDHHS Contract 6.3.2.B.2 | Member Handbook or other related material | Y  N  P  NA |  |
| 1.8 | Written notice of a significant change in its provider network including the addition of new providers and planned termination of existing providers is provided to each beneficiary. | 42 CFR 438.10(d)(1)(ii); MDHHS Contract 6.3.2 | Policy or description of how changes to provider network are communicated. | Y  N  P  NA |  |
| 1.9 | 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 or description of written notice of termination. | Y  N  P  NA |  |
| 1.10 | The CMHSP has a written advance directives policy and procedures. | 42 CFR 422.128(a) | Policy, procedures | Y  N  P  NA |  |
| 1.11 | 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, procedures | Y  N  P  NA |  |
| 1.12 | CMHSP subcontracts, as applicable, contain advance directives requirements appropriate to the subcontract | 42.CFR 422.128(b)(1)(i) | Requirement is included in subcontract language related to advance directives | Y  N  P  NA |  |
| 1.13 | The CMHSP 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, related written materials, Advance Directive brochure, Member Handbook | Y  N  P  NA |  |
| 1.14 | 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);  42 CFR 422.128(b)(1)(i) | Policy, procedure, related written materials | Y  N  P  NA |  |
| **Information (Customer Service) Findings and Corrective Action** | | | | | |
| **Strengths:**  **Findings:**  **Recommendations:** | | | | | |
| 2.1 | **ENROLLEE RIGHTS AND PROTECTIONS (CUSTOMER SERVICE)**  The CMHSP maintains an office(s) of Enrollee Rights and Recipient Rights in compliance with federal and state statutes. | Mental Health Code Act 258 of 1974 - 330.1755(1) | Contact information provided, flyers, brochures | Y  N  P  NA |  |
| 2.2 | 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, Policy/Procedures, other related documentation | Y  N  P  NA |  |
| 2.3 | 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; | Y  N  P  NA |  |
| 2.4 | 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 | Recipient Rights brochures, Member Handbook | Y  N  P  NA |  |
| 2.5 | 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) | Recipient Rights brochures, polices/procedures, Member Handbook | Y  N  P  NA |  |
| 2.6 | A CMHSP 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 ground 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 | Y  N  P  NA |  |
| 2.7 | The CMHSP 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) | Recipient Rights brochure, language in IPOS, policy, Member Handbook | Y  N  P  NA |  |
| 2.8 | The CMHSP 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)(v) | Recipient Rights brochure, language in IPOS, policy, Member Handbook | Y  N  P  NA |  |
| 2.9 | The CMHSP 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 | Recipient Rights brochure, policy language, Member Handbook | Y  N  P  NA |  |
| **Enrollee Rights and Protections (Customer Service) Findings and Corrective Action** | | | | | |
| **Strengths:**  **Findings:**  **Recommendations:** | | | | | |
| 3.1 | **24/7/365 Access for All Populations including adults and children with developmental disabilities, mental illness, and co-occurring mental illness and substance use disorder.**  CMHSP staff provides all individuals with a welcoming access experience. | Access System Standards (Medicaid Managed Specialty Supports and Services Contract)  Technical Requirement  *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #1* | Policy/Procedure  Access Staff Training  Consumer Feedback | Y  N  P  NA |  |
| 3.2 | For non-emergent calls, a person’s time on-hold awaiting a screening does not exceed 3 minutes without being offered an option for callback or talking with a non-professional in the interim. | Access System Standards (Medicaid Managed Specialty Supports and Services Contract)  Technical Requirement | Policy, procedure, call logs,  Evidence of monitoring telephone answering rates, call abandonment rates | Y  N  P  NA |  |
| 3.3 | All non-emergent callbacks occur within one business day of initial contact | Access System Standards (Medicaid Managed Specialty Supports and Services Contract)  Technical Requirement | Policy, procedure, call logs | Y  N  P  NA |  |
| 3.4 | Individuals with routine needs are screened or other arrangements made within 30 minutes | Access System Standards (Medicaid Managed Specialty Supports and Services Contract)  Technical Requirement | Policy, procedure, call logs | Y  N  P  NA |  |
| 3.5 | Individuals approaching the access system receive timely and appropriate crisis intervention services. | Technical Requirement  *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #2* | Policy/Procedure  Logs documenting date inquiries received/date CI services obtained | Y  N  P  NA |  |
| 3.6 | Individuals approaching the access system are informed of available service options and how to access services | Technical Requirement  *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #3* | Policy/Procedure  Resource guide | Y  N  P  NA |  |
| 3.7 | Initial/provisional eligibility and level of care determination is made by conducting a professional screening | Technical Requirement  *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #4* | Policy/Procedure  Screening Tool | Y  N  P  NA |  |
| 3.8 | Short-term plan is developed; warm handoff (linking via direct connection) to services for which individuals have been screened and eligible to receive. | Technical Requirement  *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #5* | Policy/Procedure  Evidence of direct connection  Documentation of short term plan and indication of follow-up on the next business day | Y  N  P  NA |  |
| 3.9 | Access staff facilitate the admission of individuals who appear to require detox services; ensure the health and safety of all individuals | Technical Requirement  *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #6* | Policy/Procedure  Referral logs | Y  N  P  NA |  |
| 3.10 | Required demographics, clinical/functional information is documented in PIHP Managed Care Information System | Technical Requirement  *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #7* | Policy/Procedure  MCIS entry review | Y  N  P  NA |  |
| 3.11 | Referrals to SUD care providers are appropriate based on the screening | Technical Requirement  *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #8* | Policy/Procedure  Referral logs | Y  N  P  NA |  |
| 3.12 | Access staff follow up with individuals who made contact within two (2) business days to ensure services needs have been met or to re-engage if referral connections have not been met | Technical Requirement  *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #9* | Policy/Procedure  Referral logs | Y  N  P  NA |  |
| 3.13 | CMHSP provides initial support and response to consumer complaints, including rights complaints and grievances | Technical Requirement  *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #10* | Policy/Procedure  Grievances/Complaints documentation | Y  N  P  NA |  |
| 3.14 | CMHSP access system works with receiving providers to ensure service priority expectations for sub-populations:   * Pregnant Injecting Drug Users * Pregnant, Other Substance Use Disorder * Injecting Drug User   Parent(s) at Risk of Losing Children | Technical Requirement  *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD* | Policy/Procedure  Meeting Minutes  Memos | Y  N  P  NA |  |
| 3.15 | CMHSP works in concert with SUD providers to ensure:   * Phone system linkages during non-business hours * Written protocols are established for after-hours referrals   Local first responders, hospitals, and other potential referral sources are informed of availability of after-hours access services | Technical Requirement  *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD* | Policy/Procedure  Meeting Minutes  Memos | Y  N  P  NA |  |
| 3.16 | CMHSP engages with community coalitions and other SUD prevention collaborative by:   * Assigning responsibility for one or more CMSHP employed individual to perform the function * Identify opportunities where existing MH prevention efforts can be expanded to integrate SUD prevention   General community education and awareness related to BH prevention, access, and treatment including outreach | Technical Requirement  *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD* | Meeting Minutes  Identified Staff/Job Description  Sample Outreach Documentation  Evidence of Collaboration | Y  N  P  NA |  |
| 3.17 | State standards are met for timely access to care and services taking into account the urgency of need for service. | 42 CFR 438.206(c)(1)(i); MDCH Contract Part II, 3.1; | Screening Documentation, Policy/Procedure | Y  N  P  NA |  |
| **Access Findings and Corrective Action** | | | | | |
| **Strengths:**  **Findings:**  **Recommendations:** | | | | | |
| **CMHSP Provider Network ~ Sub-Contract Providers** | | | | | |
| 4.1 | The CMHSP maintains a network of appropriate providers that is supported by contracts**.** | 42 CFR 438.206(b)(1)  MSHN AFP Response Section 2.4.2 | Local policy/procedure, provider network list | Y  N  P  NA |  |
| 4.2 | The network of providers is sufficient to provide adequate access to all services covered under the contract with the PIHP, based upon:   * the anticipated number of referrals from the PIHP * the expected utilization of services taking into consideration the characteristics and health care needs of local populations; * the numbers and types (in terms of training, experience, and specialization) of providers required to furnish the contracted services; and * the geographic location of providers and consumers, considering distance, travel time, the means of transportation ordinarily used by consumers, and whether the location provides physical access for people with disabilities. | 42 CFR 438.206(b)(1)  Medicaid Managed Specialty Supports and Services contract, Section 6.4;  AFP Sections 3.8, 4.0  42 CFR 438.214. | Local policy/procedure provider network list | Y  N  P  NA |  |
| 4.3 | If the CMHSP is unable to provide necessary medical services covered under the contract to a particular consumer, the CMHSP adequately and timely covers these services out of network. | 42 CFR 438.206(b)(4); MDCH Contract 3.4.6 | Local policy/procedure | Y  N  P  NA |  |
| 4.4 | The CMHSP coordinates with out-of-network providers with respect to payment and ensures the cost to the consumer is no greater than it would be if the services were furnished within the network. | 42 CFR 438.206(b)(5) | Local Policy/Procedure | Y  N  P  NA |  |
| 4.5 | Negotiate contracts between the CMHSP/CA and providers based on a procurement method that meets state and federal standards and in accordance with PIHP policy | MDHHS site review template D.9.1 | Local Procurement Policy | Y  N  P  NA |  |
| 4.6 | The CMHSP manages procurement of local providers sufficient to fulfill all PIHP delegated activities and to meet identified needs, including recruitment of staff (or contracted) interpreters, translators, and bi-lingual/bi-cultural clinicians | 42 CFR 438.206(c)(2); MDHHS Contract 3.4.2  MDHHS Contract 6.4 | Local Policy/Procedure  Procurement policy | Y  N  P  NA |  |
| 4.7 | The CMHSP has an established process for monitoring the performance of each subcontracted provider relative to the contract. The monitoring process will minimally assess performance and compliance indicators established by the PIHP, deemed status and reciprocity by other CMSHPs in the region. | AFP Section 2.4.1  2 CFR 438.206(b)(1)  Medicaid Managed Specialty Supports and Services contract, Section 6.4;  AFP Sections 3.8, 4.0  42 CFR 438.214. | Local Network Monitoring Policy | Y  N  P  NA |  |
| 4.8 | The CMHSP has established and implemented a local level process for soliciting network provider feedback and/or complaints. | MDHHS site review template D.9.3 | Local Policy/Procedure Provider review tool | Y  N  P  NA |  |
| 4.9 | The CMHSP shall have an effective provider appeal process to promptly and fairly resolve disputes, including a secondary level review by MSHN.  \*Note: MSHN review is new requirement and policy to be approved (recommendation only for FY15) | Medicaid Managed Specialty Supports and Services Contract, Claims Management, | Local Policy/Procedure  Contract Language | Y  N  P  NA |  |
| 4.10 | The CMHSP has a process for ensuring that contractual providers comply with all applicable requirements concerning the provision of culturally competent services | 42 CFR 438.206(‘c)(2) | Local Policy/Procedure  Contract Language | Y  N  P  NA |  |
| 4.11 | Provider performance reports are available for review by individuals, families, advocates, and the public.  Attachment P6.8.2.3 Consumerism Practice Guideline | Attachment P6.8.2.3 Consumerism Practice Guideline | Local Policy/Procedure  Attachment P6.8.2.3  Agency website | Y  N  P  NA |  |
| 4.12 | The entire service array for individuals with developmental disabilities, mental illness, or a substance abuse disorder, including (b)(3) services, are available to consumers who meet medical necessity criteria. | Medicaid Managed Specialty Supports and Services Contract  Part II, Statement of Work, Section 2.0 Supports and Services) | Local Policy/Procedure  Consumer handbook | Y  N  P  NA |  |
| 4.13 | At the time of enrollment and re-enrollment, CMHSPs must search the OIG exclusion database to ensure contractor and any individuals with ownership or control interests in the provider entity have not been excluded from participating in federal health care programs.  The CMHSP shall search the OIG exclusions database monthly to capture exclusions and reinstatements that have occurred since the last search, or at any time providers submit new disclosure information | MSHN Background Check and PSV policy  Medicaid Managed Specialty Supports and Services Concurrent 1915(b)(c) Section 34.1 | Evidence of OIG monitoring at the time of enrollment or re-enrollment and monthly thereafter | Y  N  P  NA |  |
| 4.14 | The CMHSP utilizes standardized template(s) for contracts and monitoring as is applicable. | MSHN Contract/OPS Council Key Decisions 2018-07 | FI Contract/Monitoring  IPU Contract/Monitoring | Y  N  P  NA |  |
| **Summary of Findings and Corrective Action** | | | | | |
| **Strengths:**  **Findings:**  **Recommendations:** | | | | | |
| 5.1 | **SERVICE AUTHORIZATION & UTILIZATION MANAGEMENT (UTILIZATION MANAGEMENT)**  A utilization management program is in operation. The written utilization management program description includes:   * procedures to evaluate clinical necessity, and the process used to review and approve the provision of clinical services, * mechanisms to identify and correct under-utilization as well as over utilization, and * preauthorization, concurrent and retrospective procedures. * Arbitrary denial or reduction of the amount, duration or scope of a required service solely because of a consumer’s diagnosis, type of illness or condition is prohibited.   Any service limits imposed are appropriate and restricted to criteria such as medical necessity or for utilization control, provided the services furnished can reasonably be expected to achieve their purpose. | 42 CFR 438.210(a)(3)(ii); 42 CFR 438.210(a)(3)(iii) | Policy/procedure | Y  N  P  NA |  |
| 5.2 | Initial approval or denial of requested service:   * Initial assessment for and authorization of psychiatric inpatient services * Initial assessment for and authorization of psychiatric partial hospitalization services * Initial and ongoing authorization of services to individuals receiving community-based services * Grievance and Appeals, Second Opinion management, coordination and notification   Communication with consumers regarding UM decisions, including adequate and advance notice, right to second opinion and grievance and appeal |  | Policy/procedure | Y  N  P  NA |  |
| 5.3 | Local-level Concurrent and Retrospective Reviews of Authorization and Utilization Management decisions/activities to internally monitor authorization decisions and congruencies regarding level of need with level of service are consistent with PIHP policy, standards and protocols. |  | Policy/procedure | Y  N  P  NA |  |
| 5.4 | Mechanisms are in effect to ensure consistent application of review criteria for authorization decisions; | 42 CFR 438.210(b)(2) | CMHSP UM Plan  Policy & procedure for authorization decisions | Y  N  P  NA |  |
| 5.5 | Review decisions are supervised by qualified medical professionals. | Medicaid Managed Specialty Services and Supports Contract, Quality Assessment and Performance Improvement Programs For  Specialty Pre-Paid Inpatient Health Plans | Policy/procedures  Sample of review decision(s), if applicable | Y  N  P  NA |  |
| 5.6 | * Decisions to deny or authorize service in an amount, duration or scope that is less than requested are made by a health care professional who has the appropriate clinical expertise in treating the consumer’s condition or disease; * The CMHSP provides Medicaid consumers with written service authorization decisions no later than 14 calendar days following receipt of a request for service authorization, unless the PIHP has authorized an extension; * and the CMHSP provides Medicaid consumers with written service authorization decisions no later than 3 days following receipt of a request for expedited service authorization, if warranted by the consumer’s health or functioning, unless the PIHP has authorized an extension. Reasons for decisions are clearly documented and available to the recipient. | 42CFR438.404(b)(2)  42CFR438.404(b)(3) 42 CFR 438.210(c); MDCH Contract 6.3.2 | Policy/procedure(s) | Y  N  P  NA |  |
| 5.7 | The involved provider is informed verbally or in writing of the action if a service authorization request was denied or services were authorized in an amount, duration or scope that was less than requested. |  | Policy/procedure(s) | Y  N  P  NA |  |
| **Summary of Findings and Corrective Action** | | | | | |
| **Strengths:**  **Findings:**  **Recommendations:** | | | | | |
| 6.1 | **GRIEVANCE & APPEALS (CUSTOMER SERVICE)**  There are publicized and available appeal mechanisms for providers and consumers. | MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1 | Policy, MSHN notification letters, evidence of written materials related to appeal mechanisms | Y  N  P  NA |  |
| 6.2 | Notification of a denial is sent to both the consumer and the provider. This notification of a denial includes a description of how to file an appeal. | MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1 | Notification of denial letter, policy, related written materials | Y  N  P  NA |  |
| 6.3 | Incentives are not present for the denial, limitation or discontinuation of services to any consumer | 42 CFR 438.210(e) | Policy, Member Handbook, related written materials | Y  N  P  NA |  |
| 6.4 | 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 P6.3.1.1 | Policy, related written materials | Y  N  P  NA |  |
| 6.5 | The advanced and adequate notice letter template from the PIHP/MDCH Contract is used to ensure consistency across the region. | 42 CFR 438.404(b), etc.; MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1 | MSHN notification letters with Provider logo/name | Y  N  P  NA |  |
| 6.6 | The adequate and advance notices meet the language and alternative format needs of the consumer. | 42 CFR 438.404(a), etc.; MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1 | Policy, related written materials | Y  N  P  NA |  |
| 6.7 | Consumers are provided with written adverse benefit determination within 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 P6.3.1.1 | Policy, related written materials | Y  N  P  NA |  |
| 6.8 | 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 P6.3.1.1 | Policy, related written materials | Y  N  P  NA |  |
| 6.9 | A copy of grievance, appeal and fair hearing requirements and timeframes are given to each provider when they join the provider network. | 42 CFR 438.414; MDHHS Contract 7.0; MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1 | Provider Manual, Sub-contract, policy | Y  N  P  NA |  |
| 6.10 | A local appeal process has been established for Medicaid 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 P6.3.1.1 | Policy, related written materials | Y  N  P  NA |  |
| 6.11 | An expedited appeal process has been established for Medicaid 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 P6.3.1.1 | Policy, related written materials | Y  N  P  NA |  |
| 6.12 | If a request for an expedited resolution of an appeal is denied, the CMHSP:  •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.  •Consumers are given60 calendar days from the date of the notice of action to request a local appeal. | 42 CFR 438.402(a); MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1  42 CFR 438.410(c); | Policy, related written materials | Y  N  P  NA |  |
| 6.13 | Receipt of each grievance and appeal is acknowledged. | 42 CFR 438.406; MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1 | Policy, related written materials, copy of acknowledgement letter sent to consumer or provide template if no acknowledgement letter sent | Y  N  P  NA |  |
| 6.14 | 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. | 42 CFR 438.408; MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1 | Policy, related written materials, copy of disposition letter sent to consumer or provide template if no disposition letter sent | Y  N  P  NA |  |
| 6.15 | 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 P6.3.1.1 | Policy, related written materials | Y  N  P  NA |  |
| 6.16 | Maintain a log of all 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 P6.3.1.1;  42 CFR 438.405(a); | Policy, process, log or log template if have no reported appeals | Y  N  P  NA |  |
| 6.17 | 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, process, log or log template if have no reported grievances | Y  N  P  NA |  |
| 6.18 | 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 P6.3.1.1 | Disposition letter, policy, related written materials | Y  N  P  NA |  |
| 6.19 | 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 notice of an action) for filing a request. | 42 CFR 438.414; 42 CFR 438.10(g)(1); MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1 | Policy, related written materials | Y  N  P  NA |  |
| 6.20 | CMHSP provides acknowledgement of grievance and appeals, Adequate and Advance Notice and disposition of grievance and appeal 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 P6.3.1.1 | Policy and/or other related written materials referencing timeliness | Y  N  P  NA |  |
| **Grievance and Appeals (Customer Service) Summary of Findings and Corrective Action** | | | | | |
| **Strength:**  **Findings:**  **Recommendations:** | | | | | |
| 7.1 | **PERSON-CENTERED PLANNING & DOCUMENTATION STANDARDS (UTILIZATION MANAGEMENT)**  The right for all individuals to have an Individual Plan of Service developed through a person-centered planning process is clearly communicated to all service recipients. | MDCH/PIHP Contract  Section 3.4.1  Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure, Handbook & rules for disseminating, Evidence that consumer has received this information | Y  N  P  NA |  |
| 7.2 | Implement person-centered planning in accordance with the MDCH Person Centered Practice Guideline. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline  MHC 712  Chapter III, Provider Assurances & Provider Requirements | *Separate Consumer Chart review for compliance with Person Centered Planning*  Policy/procedure  Internal CMHSP chart audits, peer review of PCP | Y  N  P  NA |  |
| 7.3 | PCP focuses on the person’s goals, while still meeting the person’s basic needs for food, clothing, shelter etc. | Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY19 Attachment P6.3.1 Amendment #1 | Policy/procedure | Y  N  P  NA |  |
| 7.4 | For minor children, the concept of the PCP is incorporated into a family-driven, youth-guided approach OR there is an accepted/justified reason to exclude family recorded in consumer chart. | Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY19 Attachment P6.3.1 Amendment #1 | Policy/procedure | Y  N  P  NA |  |
| 7.5 | There is a pre-planning meeting prior to the Person-Centered Plan meeting.  Pre-planning elements must include:   1. When and where the meeting will be held. 2. Who will be invited (including whether the person has allies who can provide desired meaningful support or if actions need to be taken to cultivate such support). 3. Identify any potential conflicts of interest or potential disagreements that may arise during the PCP for participants in the planning process and planning for how to deal with them. (What will be discussed and not discussed.) 4. The specific PCP format or tool chosen by the person to be used for PCP. 5. What accommodations the person may need to meaningfully participate in the meeting (including assistance for individuals who use behavior as communication). 6. Who will facilitate the meeting? 7. Who will take notes about what is discussed at the meeting. | Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY19 Attachment P6.3.1 Amendment #1 | Policy/procedure | Y  N  P  NA |  |
| 7.6 | The individual plan of service adequately identifies the individual’s chosen or preferred outcomes and the methods used to measure progress. | Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY19 Attachment P6.3.1 Amendment #1 MCL 330.1701(g) | Policy/procedure | Y  N  P  NA |  |
| 7.7 | Services and supports identified in the individual plan of service assist the individual in pursuing outcomes consistent with their preferences and goals. | Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY19 Attachment P6.3.1 Amendment #1 | Policy/procedure | Y  N  P  NA |  |
| 7.8 | Individuals are provided with ongoing opportunities to provide feedback on how they feel about services, supports and/or treatment they are receiving, and their progress towards attaining valued outcomes. |  | Policy/procedure | Y  N  P  NA |  |
| 7.9 | The Person-Centered Planning Process is used to modify the individual plan of service in response to changes in the individual’s preferences or needs or at any time the consumer chooses. | Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY18 Attachment P6.3.1 Amendment #1 | Policy/procedure | Y  N  P  NA |  |
| 7.10 | The Person-Centered Planning process builds upon the individual’s capacity to engage in activities that promote community life. | MCL 330.1701(g) Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY19 Attachment P6.3.1 Amendment # 1 | Policy/procedure | Y  N  P  NA |  |
| 7.11 | Person-centered planning addressed natural and external supports. | Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY19 Attachment P6.3.1 Amendment #1 | Policy/procedure | Y  N  P  NA |  |
| 7.12 | Person-centered planning addressed health and safety.  \*Must include primary care coordination support & recognize people are allowed the dignity of risk. | Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY19 Attachment P6.3.1 Amendment #1 | Policy/procedure | Y  N  P  NA |  |
| 7.13 | The individual plan of service identifies the roles and responsibilities of the individual, the supports coordinator or case manager, the allies, and providers in implementing the plan. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | Y  N  P  NA |  |
| 7.14 | Specific services and supports to be provided, including the amount, scope, and duration of services, are identified in the plan of service. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | Y  N  P  NA |  |
| 7.15 | Individual receives complete and unbiased information on services and supports available, community resources, and options for providers, which are documented in the IPOS.  Information must include consumer’s option to develop any or all of the following:   * Psychiatric Advance Directive * Crisis Plan * Self-Determination   Must include available:   * Conflict Resolution processes | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | Y  N  P  NA |  |
| 7.16 | Services and treatment identified in the IPOS are provided as specified in the plan. | Medicaid Managed Specialty Services and Supports Contract | Policy/procedure | Y  N  P  NA |  |
| 7.17 | 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. | MH Code 330.1714  Medicaid Manual Mental Health and Substance Abuse sec. 3.24 | Policy/procedure | Y  N  P  NA |  |
| 7.18 | All forms/documents placed in consumer records identify the consumer with name and medical record number | Medicaid Provider Manual; recordkeeping  MDCH site review protocol 6.2.3 | Policy/procedure | Y  N  P  NA |  |
| 7.19 | Consumers have been provided a copy of his/her plan within 15 business days of the PCP meeting | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | Y  N  P  NA |  |
| 7.20 | IPOS is prepared in person-first singular language and be understandable by the person with a minimum of clinical jargon or language. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | Y  N  P  NA |  |
| 7.21 | Assessments may be used to inform the PCP process but is not a substitute for the process.   * Functional assessments undertake a person-centered approach * Functional assessments & PCP process are used together as a basis for identifying goals, risks, and needs; authorizing services, utilization management & review   No assessment scale or tool should be utilized to set a dollar figure or budget that limits the PCP process | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | Y  N  P  NA |  |
| 7.22 | There is documentation that individual chose the setting in which they live and there is documentation of what alternative living settings were considered by the person. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | Y  N  P  NA |  |
| 7.23 | There is documentation of any restriction or modification of additional conditions & documentation includes:   1. The specific & individualized assessed health or safety need. 2. The positive interventions and supports used prior to any modifications or additions to the PCP regarding health or safety needs. 3. Documentation of less intrusive methods of meeting the needs, that have been tried, but were not successful. 4. A clear description of the condition that is directly proportionate to the specific assessed health or safety need. 5. A regular collection and review of data to measure the ongoing effectiveness of the modification. 6. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. 7. Informed consent of the person to the proposed modification. 8. An assurance that the modification itself will not cause harm to the person. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | Y  N  P  NA |  |
| 7.24 | IPOS includes the services which the person chooses to obtain through arrangements that support self-determination. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | Y  N  P  NA |  |
| 7.25 | IPOS includes the estimated/prospective cost of services & supports authorized by the CMH system. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | Y  N  P  NA |  |
| 7.26 | IPOS identifies person responsible for monitoring and this person is separate from the eligibility determination; assessment; and service provision responsibilities. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | Y  N  P  NA |  |
| 7.27 | IPOS includes signatures of the person and/or representative, case manager/support coordinator, and the support broker/agent (if one is involved). | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | Y  N  P  NA |  |
| 7.28 | Plans to share the IPOS with family/friends/caregivers are documented. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | Y  N  P  NA |  |
| 7.29 | HCBS services documentation include:   * The specific person or persons, and/or provider agency or other entity providing services & supports * Non-paid supports, chosen by the person and agreed to by the unpaid provider. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | Y  N  P  NA |  |
| 7.30 | The CMHSP has a process in place for monitoring PCPs & ensuring compliance. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure, Evidence of Monitoring & Follow-Up if applicable | Y  N  P  NA |  |
| **Summary of Findings and Corrective Action** | | | | | |
| **Strengths:**  **Findings:**  **Recommendations:** | | | | | |
| 8.1 | **COORDINATION OF CARE/INTEGRATION OF BEHAVIORAL HEALTH AND PHYSICAL HEALTH SERVICES**  CMHSP staff pro-actively assume responsibility for engaging the inpatient team during consumer’s hospital stay. This includes participating in team meetings and initiating discharge planning with staff, consumer, family/guardian and community resources. | MSHN AFP response Section 5.2.1.4 | Progress notes, continuing stay reviews or hospital discharge plans showing evidence of CMHSP participation | Y  N  P  NA |  |
| 8.2 | CMHSP has developed service coordination agreements with each of the pertinent public and private community-based organizations and providers to address issues that relate to a shared consumer base | HSAG XIII.2 | Copies of coordination agreements | Y  N  P  NA |  |
| 8.3 | The CMHSP has procedures to ensure that coordination occurs between primary care physicians and the CMHSP and/or its network. Procedures ensure that the services the CMHSP furnishes to the beneficiary are coordinated with the services the beneficiary receives from other MCOs and PIHPs. | MDCH Contract, Part II, 6.4.4 and 6.8.  HSAG XIII.2 | Policies/procedures related to coordination of care | Y  N  P  NA |  |
| 8.4 | The CMHSP uses systems and processes related to regular, meaningful exchange of clinically relevant data between entities   * Identification and follow up of Shared Members with the MHP through ICDP, CC360 and/or MiHIN | MDHHS Contract,  2016 Performance Bonus – Integration of Behavioral Health and Physical Health Services | Policies/procedures related to use of ICDP, cc360 and HIE, Source documents related to care plans and follow up | Y  N  P  NA |  |
| 8.5 | Collaboration between CMHSP and MHP for ongoing coordination and integration of services | MDHHS Contract,  2016 Performance Bonus – Integration of Behavioral Health and Physical Health Services | Policies/procedures and source documents related to care plans and follow up | Y  N  P  NA |  |
| 8.6 | CMHSP assures appropriate Follow-up After Hospitalization for Mental Illness (FUH)  The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 days. | MDHHS Contract,  2018 Performance Bonus – Integration of Behavioral Health and Physical Health Services | Policies/procedures related to FUH, use of ADT and ICDP to support Performance Bonus | Y  N  P  NA |  |
| **Summary of Findings and Corrective Action** | | | | | |
| **Strengths:**  **Findings:**  **Recommendations:** | | | | | |
| 9.1 | **BEHAVIOR TREATMENT PLAN REVIEW COMMITTEE**  The CMHSP has a Behavior Treatment Plan Review Committee (BTPRC) to review and approve or disapprove any plans that propose to use restrictive or intrusive interventions. | Medicaid Provider Manual 3.3  Technical Requirement for Behavior Treatment Plan Review. Revision FY 12.  MDCH P.1.4.1 | Copies of CMHSP meeting minutes; committee membership; etc.  Stakeholder survey  PIHP BTC data spreadsheet and meeting minutes  PIHP BTC data spreadsheet and meeting minutes; consent form in file | Y  N  P  NA |  |
| 9.2 | The Behavior Plan Review Committee is comprised of at least 3 individuals:   * one of whom should be a licensed physician/psychiatrist. * A representative of the Office of Recipients Rights shall be a non-voting, ex-officio member. * Board Certified Behavior Analyst or Licensed Behavior Analyst and/or One member should be a licensed psychologist as defined in Section 2.4 Staff Provider Qualifications   The Committee and Committee Chair are appointed by the CMHSP for a term of no more than two years. Members may be reappointed for consecutive terms. | MDHHS P.1.4.1  MSHN BTR Procedure | CMHSP Policy | Y  N  P  NA |  |
| 9.3 | Person Centered Plans with restrictive and intrusive techniques are accompanied by and include the approved behavior plan and special consent form from consumer or the parent/guardian prior to implementation of plan. Annual signed special consent. | MDHHS P.1.4.1 | Policy/procedure(s)  Chart reviews show signed consents and plans | Y  N  P  NA |  |
| 9.4 | All plans with restrictive and intrusive interventions must be reviewed at a minimum of quarterly. | MDHHS P.1.4.1 | Policy/procedure(s)  Chart reviews show periodic reviews | Y  N  P  NA |  |
| 9.5 | Each committee must establish a mechanism for expedited review of a proposed behavior treatment plan in emergent situations. “Expedited” means the plan is reviewed and approved in a short time frame such as 24 or 48 hours. | MDHHS P.1.4.1  MSHN BTR Procedure | CMHSP Policy | Y  N  P  NA |  |
| 9.6 | Evaluate the committee’s effectiveness by stakeholders, including individuals with plans, family and advocates | MDHHS P.1.4.1 | Surveys, or other evaluative process, is being utilized | Y  N  P  NA |  |
| 9.7 | The CMHSP quarterly tracks and analyzes the use of all physical management, involvement of law enforcement, and the use of intrusive and restrictive interventions.  • Dates and numbers of interventions, • The settings (e.g. individual’s home or work) where behaviors or interventions occurred.  • Observations about any events, settings or factors that may have triggered the behavior.  • Behaviors that initiated the techniques.  • Documentation of analysis performed to determine the cause of the behaviors that precipitated the intervention  • Description of positive behavioral supports used.  • Behaviors that resulted in termination of the interventions  • Length of time for each intervention  • Staff development and training and supervisory guidance to reduce the use of these interventions.  • Review and modification or development, if needed, of the individual’s behavior plan. | MDHHS P.1.4.1 | BTC data spreadsheet and meeting minutes; | Y  N  P  NA |  |
| 9.8 | Should physical management or use of law enforcement be used more than 3 times in a 30-day period the plan is revisited and modified accordingly if needed. | MDHHS P.1.4.1 | Samples of Plans  BTC Policy  Samples of minutes | Y  N  P  NA |  |
| 9.9 | Behavior plans that are forwarded to the committee must be accompanied by:  • Results of assessment to rule out physical medical and environment causes of the challenging behavior  • A functional behavioral assessment  • Results of inquiries about any medical, psychological or other factor that might put the individual subjected to intrusive or restrictive techniques at high risk of death injury or trauma.  • Evidence of the kinds of positive supports or interventions, including amount scope and duration.  • Evidence of continued efforts to review less restrictive options.   * Peer reviewed literature or practice guidelines that support the proposed restrictive or intrusive intervention.   • Reference to the literature should be included on new procedures, and where the intervention has limited or not support in the literature, why the plan is the best option available.  The plan for monitoring and staff training to assure consistent implementation and documentation of the intervention(s). | MDHHS P.1.4.1 | Samples of plans  Samples of minutes | Y  N  P  NA |  |
| 9.10 | Each Behavior Treatment Plan has  • Goal-expected outcome of the Behavior Treatment Plan  • Objectives –baseline and steps to achieving the behavior goal  • Methodology-interventions implemented to decrease target behaviors, a schedule and /or timing and things to be done to increase additional adaptive behaviors.  • Measurement-how the baseline will be established, what is being measured, and assessment of the impact of behavior treatment interventions on the individual.  • Plan Review- frequency of reviewing collected data  • Staff In-Service –who is responsible for training staff and when the plan will be implemented. Evidence of staff training/in-servicing of plan.  Staff Responsible- the CM who will implement and manage the plan. | MDHHS P.1.4.1 | Policy/procedure(s)  Plan Sample(s) | Y  N  P  NA |  |
| 9.11 | Regional review of the Quarterly BTRC report   * Local implementation of recommendations * Compliance with required reporting to contractor   Follow up to any unidentified elements (unknown) | MDHHS P.1.4.1 | Policy/procedure(s)  Quarterly Review(s) | Y  N  P  NA |  |
| **Summary of Findings and Corrective Action** | | | | | |
| **Strengths:**  **Findings:**  **Recommendations:** | | | | | |
| 10.1 | **CONSUMER INVOLVEMENT (CUSTOMER SERVICE)**  The CMHSP provides meaningful opportunities and supports for consumer involvement in service development, service delivery, and service evaluation activities. | (Medicaid Managed Specialty Services and Supports Contract, Consumerism Practice Guideline Attachment P 7.10.2.3)  (Consumerism Practice Guideline V.A.6.) | • Consumers and family members are on CMHSP/PIHP boards and advisory councils  • Stakeholders and the public attend meetings for comments and information.  This evidence may be found in the following areas: minutes, agendas, sign-in sheets, peer support specialists positions, mystery shopper programs, customer service information on assistance with input for the brochures and educational materials provided, consumer-oriented job-descriptions, and consumer involvement in quality management reviews of the CMHSP programs and services. | Y  N  P  NA |  |
| 10.2 | Development of local activities designed to engage consumers, and other stakeholders, including members of the general public, in decision-oriented activities throughout the CMHSP/CA, including its subcontractors | Consumerism Practice Guideline P7.10.2.5 | Trainings offered to consumers, opportunities to serve as members of committees, Consumer Advisory Councils | Y  N  P  NA |  |
| 10.3 | Training and orientation of customers, to participate actively in Advisory Groups, task forces, working committees. | Consumerism Practice Guideline P7.10.2.5 | Trainings offered to consumers, opportunities to serve as members of committees, Consumer Advisory Councils | Y  N  P  NA |  |
| **Consumer Involvement (Customer Service) Summary of Findings and Corrective Action** | | | | | |
| **Strengths:**  **Findings:**  **Recommendations:** | | | | | |
| 11.1 | **PROVIDER/STAFF CREDENTIALING (PROVIDER NETWORK)**  The CMHSP follows a documented process consistent with State policy for credentialing and re-credentialing of providers who are employed by or have signed contracts or participation agreements with the CMHSP. | MDCH Credentialing and Re-Credentialing Processes P.7.1.1 | NOTE: Will require sample of employee records to confirm credentials and primary source verification | Y  N  P  NA |  |
| 11.2 | CMHSP assures that all individuals, whether employed or contracted by the CMHSP, as identified in MDHHS/PIHP contract P.7.1.1 are credentialed; whether employed or contracted by the CMHSP | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy/Procedure | Y  N  P  NA |  |
| 11.3 | The CMHSP’s Policy reflects the scope, criteria, timeliness and process for credentialing and re-credentialing providers. | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy/Procedure | Y  N  P  NA |  |
| 11.4 | Credentials are verified, by primary source, prior to employment. This includes criminal background and central registry checks (CR if working with minors/children) for any staff having direct access to consumers served. | Public Act 218 of 1979, MCL 400.734 (b)  MSHN AFP response Section 2.4.5  PIHP Contract FY19 | Policy/Procedure  Sample of records | Y  N  P  NA |  |
| 11.5 | Prior to employment, the CMHSP verifies that the individual is not included in any excluded or sanctioned provider lists. This verification process shall also occur at the time or re-credentialing or contract renewal.  The CMHSP shall search the OIG exclusions database monthly to capture exclusions and reinstatements that have occurred since the last search, or at any time providers submit new disclosure information | MDHHS Credentialing Policy  MSHN Background Check and PSV Policy | Policy/Procedure  Sample of records | Y  N  P  NA |  |
| 11.6 | The CMHSP follows written procedures to determine whether:  • Physicians and other licensed healthcare professionals are qualified to perform their services  • Non-licensed providers of care or support are qualified to perform their jobs | HSAG IV B & C | Policy/Procedure  Sample of records | Y  N  P  NA |  |
| 11.7 | The CMHSP’s policy and procedures for **re-credentialing** require, at a minimum:   * Re-credentialing at least every two years * An update of information obtained during the initial credentialing. * A process for ongoing monitoring, and intervention when appropriate, of provider sanctions, complaints, and quality issues pertaining to the provider, which must include, at a minimum, a review of:   + Medicare/Medicaid sanctions.   + State sanctions or limitations on licensure, registration, or certification.   + Beneficiary concerns, which include grievances (complaints) and appeals information.   CMHSP quality issues | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy/Procedure  Sample of records | Y  N  P  NA |  |
| 11.8 | The CMHSP has a policy and procedures to address granting of **temporary or provisional** credentials and the policy and procedures require that the temporary or provisional credentials are not granted for more than 150 days and at a minimum:   1. A provider must complete a signed application that includes the following items:  * Lack of present illegal drug use * Any history of loss of license and/or felony convictions * Any history of loss or limitation of privileges or disciplinary action * Summary of the providers work history for the prior five years * Attestation by the applicant of the correctness and completeness of the application.  1. CMHSP must conduct primary source verification of the following:  * Licensure or certification * Board certification, if applicable, or the highest level of credential attained   Medicare/Medicaid sanctions | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy/Procedure  Sample of records | Y  N  P  NA |  |
| 11.9 | The CMHSP’s processes require that an individual file be maintained for each credentialed provider and each file include:   * The initial credentialing and all subsequent re-credentialing applications. * Information gained through primary source verification.   Any other pertinent information used in determining whether or not the provider met the CMHSP’s credentialing standards. | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy/Procedure  Sample of records | Y  N  P  NA |  |
| 11.10 | The CMHSP’s policy and procedures require that, at a minimum include:  1. A written application that is completed, signed and dated by the provider and attests to the following elements:   * Lack of present illegal drug use * Any history of loss of license and/or felony convictions * Any history of loss or limitation of privileges or disciplinary action * Attestation by the applicant of the correctness and completeness of the application.   2. A summary of the provider's work history for the prior 5 years | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy/Procedure  Sample of records | Y  N  P  NA |  |
| 11.11 | The CMHSP’s policy and procedures require that, at a minimum include:  Verification from primary sources of:  A. Licensure or certification  B. Board certification, if applicable, or the highest level of credential attained  C. Documentation of graduation from an accredited school  D. National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or in lieu of, all of the following must be verified:   * + Minimum 5-year history of professional liability claims resulting in a judgment or settlement   + Disciplinary status with regulatory board or agency; and   • Medicare/Medicaid sanctions  E. If a physician, then physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements for (A), (B) and (C) above.  Copies of all documentation kept in employees’ or contractors’ file | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy/Procedure  Sample of records | Y  N  P  NA |  |
| 11.12 | The CMHSP’s credentialing policy was approved by the CMHSP's governing body and identifies the CMHSP administrative staff member responsible for oversight of the process. | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy | Y  N  P  NA |  |
| 11.13 | The CMHSP’s program for staff training includes:  training for new personnel related to their responsibilities, program policy, and operating procedures methods for identifying staff training needs in-service training, continuing education and staff development activities | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy/Procedure  Sample of records | Y  N  P  NA |  |
| 11.14 | The CMHSP validates, and revalidates at least every two years, that an **organizational provider** is licensed as necessary to operate within the State and has not been excluded from Medicaid or Medicare. | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy/Procedure  Sample of records | Y  N  P  NA |  |
| 11.15 | If the CMHSP accepts the credentialing decision of another CMSHP for an individual or organizational provider, it maintains copies of the current credentialing CMHSP's decision in its administrative records. | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy/Procedure  Sample of records | Y  N  P  NA |  |
| 11.16 | The CMHSP’s policy and procedures address the requirement for the CMHSP to inform an individual or organizational provider in writing of the reasons for the CMHSP’s adverse credentialing decisions | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy/Procedure  Sample of records | Y  N  P  NA |  |
| 11.17 | The CMHSP’s policy and procedures address the CMHSP’s appeal process (consistent with State and federal regulations) that is available to providers for instances when the CMHSP denies, suspends, or terminates a provider for any reason other than lack of need. | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy/Procedure  Sample of records | Y  N  P  NA |  |
| 11.18 | The CMHSP has procedures for reporting, to appropriate authorities (i.e., PIHP, MDCH, the provider’s regulatory board or agency, the Attorney General, etc.), improper known organizational provider or individual practitioner conduct which results in suspension of termination from the CMHSP’s provider network. The procedures are consistent with current federal and State requirements, including those specified in the MDCH Medicaid Managed Specialty Supports and Services Contract. | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policies and procedures | Y  N  P  NA |  |
| 11.19 | The CMHSP has a process or policy to ensure use of student interns is in compliance with the [Provider Qualifications Chart](http://www.michigan.gov/documents/mdhhs/PIHP-MHSP_Provider_Qualifications_530980_7.pdf). | MDHHS memo dated 3.2.15 | Policy, verification & supervision process | Y  N  P  NA |  |
| **Summary of Findings and Corrective Action** | | | | | |
| **Strengths:**    **Findings:**  **Recommendations:** | | | | | |
| 12.1 | **QUALITY & COMPLIANCE (QUALITY IMPROVEMENT)**  The CMHSP has a process in place for carrying out corporate compliance activities across the service area, including the following:   * written policies, procedures, and standards of conduct that articulates the organization's commitment to comply with all applicable Federal and State standards, and to guard against fraud and abuse; * designation of a compliance officer and a compliance committee accountable to senior management, focused on regulatory identification, comprehension, interpretation, and dissemination; * training of the compliance officer, committee members and the organization's employees on the compliance policies and procedures; * provision for internal monitoring and auditing to assure standards are enforced, identify high risk compliance areas and where improvements must be made; * provision for prompt response to detected offenses, and for development of corrective action. | 42 CFR 438.608.(a); 42 CFR 438.608(b)(1) | CMHSP policies & procedures  Compliance Officer job description  CMHSP Corporate Compliance Plan  Staff training records  Risk Management Plan  Compliance investigation records | Y  N  P  NA |  |
| 12.2 | CMHSP accreditation status is current and without provisions. |  | Accreditation letter and report, and improvement plans if applicable | Y  N  P  NA |  |
| 12.3 | Local functions of quality assurance and management. These activities shall include:  - develop and implement a Quality Improvement Program to  - ensure that Best Practice Guidelines are adhered to  - ensure that compliance issues are adequately addressed and reported to the PIHP. | Medicaid Managed Specialty Supports and Services Contract: Attachment P.7.9.1 (QAPIP) | Copy of CMHSP QAPI Plan | Y  N  P  NA |  |
| 12.4 | The CMHSP has an established quality improvement program and plan consistent with the MSHN QAPIP. | Medicaid Managed Specialty Supports and Services Contract: Attachment P.7.9.1 (QAPIP); MSHN QAPIP | CMHSP QAPI Plan and Report | Y  N  P  NA |  |
| 12.5 | Conduct two Performance Improvement Projects (PIPs) during each Medicaid waiver period. | Medicaid Managed Specialty Supports and Services Contract: Attachment P.7.9.1 (QAPIP) | Receipt by PIHP of input and data from the CMHSP as required | Y  N  P  NA |  |
| 12.6 | Procedures and a mandatory compliance plan are in place at each CMHSP to guard against fraud and abuse consistent with the MSHN Compliance Plan. This includes:   * CMHSP follows established disciplinary guidelines for their respective employees who have failed to comply with the standards of conduct, policies, and procedures, federal and state law, or otherwise engage in wrongdoing. * The CMHSP informs, in writing, the MSHN Chief Executive Officer (CEO) of any notice to, inquiry from, investigation by any Federal, State, or local human services, fiscal, regulatory, investigatory, prosecutory, judicial, or law enforcement agency or protection and/or advocacy organization regarding the rights, safety, or care of a recipient of Medicaid services * The CMHSP CEO/ED shall report compliance violations to external parties (i.e. OIG, DCH) as required per DCH contract and/or MSHN/CMHSP contract.   CMHSP staff with firsthand knowledge of activities or omissions that may violate applicable laws and regulations are required to report such wrongdoing to the MSHN Compliance Officer or to the CMHSP Compliance Officer. | 42 CFR 438.608(a);  MSHN Corporate Compliance Plan | CMHSP Corporate Compliance Plan  CMHSP policies and procedures | Y  N  P  NA |  |
| 12.7 | The CMHSP has written procedures for reporting to the PIHP any suspicion or knowledge of fraud or abuse within the Medicaid program. | 42 CFR 455.17; MSHN Compliance Plan; Medicaid Managed Specialty Supports and Services Contract: Part III: Section 2.0 (Fraud and Abuse Reporting Responsibilities) | CMHSP policy and/or procedures; CMHSP Compliance Plan | Y  N  P  NA |  |
| 12.8 | The CMHSP 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, the type of provider, approximate dollars involved, and legal and administrative disposition of the case including actions taken by law enforcement officials to whom the case has been referred. | 42 CFR 455.17; MSHN Compliance Plan; Medicaid Managed Specialty Supports and Services Contract: Part III: Section 2.0 (Fraud and Abuse Reporting Responsibilities) | CMHSP policy and/or procedures; CMHSP Compliance Plan | Y  N  P  NA |  |
| **Summary of Findings and Corrective Action** | | | | | |
| **Strengths:**  **Findings:**  **Recommendations:** | | | | | |
| 13.1 | **ENSURING HEALTH & WELFARE /OLMSTEAD (QUALITY IMPROVEMENT)**  CMHSP has processes for addressing and monitoring the health, safety and welfare of all individuals served. These may include:   * Recipient Rights systems that meet the standards set by the Office of Recipient Rights * Personnel practices that include the use of criminal background checks, Office of the Inspector General Reports, National Practitioner Data Bank, and others as necessary * Assuring that staff who provide services in residential settings receive training using approved Michigan Department of Community Health group home curriculums. * Quality reviews at provider locations that include documentation of health and safety practices that meet the standards of the Michigan Department of Health and Human Services and accreditation bodies * Ensuring that providers identify and attend to the healthcare needs of all individuals served and coordinating care with other health systems and providers * Imposing plans of correction on providers that do not satisfactorily meet established standards   Sanctions and termination of providers that consistently violate standards | Medicaid Managed Specialty Supports and Services Contract: MSHN AFP Response Section 2.4.11 | Evidence of processes as described in AFP response  CMHSP policies and procedures  Provider Network monitoring practices in place, including background checks and quality reviews.  CMHSP Recipient Rights certification by DCH | Y  N  P  NA |  |
| 13.2 | The CMHSP has processes for reporting and analyzing adverse events and risk factors. This includes:   * critical events * risk events * events requiring immediate notification to MDHHS * emergency physical intervention.   Data on all types of incidents is monitored, reviewed and reported through a quality assurance process. The CMHSP process includes analysis of any identified patterns or trends, the completion of identified actions, and recommended prevention strategies for future risk reduction. | Medicaid Managed Specialty Supports and Services Contract: MSHN AFP Response Section 2.4.11;  AFP Response Section 5.2.2.3 | Policy/procedure, evidence of tracking events, root cause analysis | Y  N  P  NA |  |
| 13.3 | The CMHSP provides a semi-annual report to MSHN that includes the number of individuals living outside the region, the date and outcome of their last PCP/FCP meeting with regards to community-of-choice, any barriers to transitioning individuals to their home community, goals for the following year, and other pertinent information. | Medicaid Managed Specialty Supports and Services Contract: MSHN AFP Response Section5.3.1.10 | Annual report | Y  N  P  NA |  |
| 13.4 | Each CMHSP will develop a process for establishing and monitoring standards regarding the availability and implementation of activities in licensed homes. Each CMHSP will insure that consumer choice is inherent in the development and participation in community integration and productivity activities. | Medicaid Managed Specialty Supports and Services Contract: MSHN AFP Response Section 5.3.1.8 | CMHSP policies and procedures  Quality Reviews of licensed homes | Y  N  P  NA |  |
| 13.5 | The CMHSP works collaboratively with the local licensing office to ensure awareness of issues or deficiencies and to ensure that these are addressed in a timely manner. CMHSP has a quality monitoring program that is sufficient to ensure adequate monitoring and oversight of all licensed residential living arrangements. | Medicaid Managed Specialty Supports and Services Contract: MSHN AFP Response Section 5.3.1.8 | Quality Reviews of licensed homes  Agreements with local licensing office | Y  N  P  NA |  |
| 13.6 | The CMHSP has a written infection control plan which addresses health and safety needs and processes. | Medicaid Managed Specialty Supports and Services Contract: MSHN AFP Response Section 5.2.2.3 | Infection Control Plan, Health & Safety Plan, policies and procedures | Y  N  P  NA |  |
| 13.7 | The CMHSP has policies/procedures for medication consents, prescriptions, monitoring side effects, documentation. | Medicaid Managed Specialty Supports and Services Contract: MSHN AFP Response Section 5.2.2.3 | Copy of policy & procedures | Y  N  P  NA |  |
| 13.8 | The CMHSP has a response system to emergencies and staff are trained to act immediately and decisively when appropriate for the following events including, but not limited to:  1) Seeing to the immediate safety and welfare of an individual and others potentially affected, including transfer to another provider when necessary  2) Violence (or threat of violence) on premises  3) Fire  4) Tornadoes/severe storms  5) Power outages  6) Medical emergencies | Medicaid Managed Specialty Supports and Services Contract: MSHN AFP Response Section 5.2.2.3 | Emergency response plan | Y  N  P  NA |  |
| 13.9 | CMHSP routinely collects information on individual’s health conditions and ensures that health conditions, health status and current health care providers are documented in the consumer’s clinical record. | Medicaid Managed Specialty Supports and Services Contract: Attachment 7.7.1.1  MSHN AFP response 5.2.1.2 | Policy/Procedure | Y  N  P  NA |  |
| **Summary of Findings and Corrective Action** | | | | | |
| **Strengths:**  **Findings:**  **Recommendations:** | | | | | |
| 14.1 | **INFORMATION TECHNOLOGY (IT) MANAGEMENT**  The CMHSP has written and approved policies for the following:   * Adverse incident and disaster recovery   Policy and  Procedure   * Record Retention Policy * Breach Notification Policy (includes reporting to MSHN) * Compliance assurance (BAA, HIPAA, PHI, etc.) * Data archival, restoration and retention * Employee acceptable use of IT resources/information – CAUA (could include clarifications for bring-your-own-device (BYOD)) * Employee termination (IT section of the HR policy covering termination) * Security: Computer, network, server and systems * Telecommunications and Telecommuting (as applicable) * Validation of quality indicator (QI)/demographic, claims, encounter, critical incident, and performance indicator data | HIPAA Security and Privacy, 45 CFR Parts 160 & 164 Subparts A, C & E  BAA requirements as validated by the EQRO  MDHHS/PIHP Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver contract: , Performance Expectations and AFP attestation  MSHN/CMHSP Participant contract delegation grid | Policies, procedures or other agency documents exist and are adequately written to meet the minimum requirements of the organization and, where applicable, MSHN policies. Describe the expectations and actions of the organization to manage its IT resources and is reviewed and revised on a regularly recurring basis. | Y  N  P  NA |  |
| 14.2 | The CMHSP has a process for identification of IT needs and assures adequate IT resource allocation to fulfill contractually obligated functions. | HIPAA Security and Privacy, 45 CFR Parts 160 & 164 Subparts A, C & E  BAA requirements as validated by the EQRO  MDHHS/PIHP Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver contract: , Performance Expectations and AFP attestation  MSHN/CMHSP Participant contract delegation grid | Evidence that staff is able to identify needs and make request of the IT function, and how the organization decides which functions should be resourced. | Y  N  P  NA |  |
| 14.3 | The CMHSP assures on-going learning for technical professionals to maintain currency in IT knowledge, skills and abilities. | HIPAA Security and Privacy, 45 CFR Parts 160 & 164 Subparts A, C & E  BAA requirements as validated by the EQRO  MDHHS/PIHP Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver contract: , Performance Expectations and AFP attestation  MSHN/CMHSP Participant contract delegation grid | Describe how the CMHSP reasonably assures that internal IT staff or contractors maintain currency to provide systems security, maximized capability, and regulatory compliance. | Y  N  P  NA |  |
| 14.4 | *INFORMATION ASSURANCE*  Data Integration: The CMHSP combines different types of information to provide data to the PIHP (e.g. QI, PI, critical incident, and claims/encounter, etc.). | MDHHS/PIHP Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver contract: Performance Expectations and AFP attestation  MSHN/CMHSP Participant contract delegation grid | Written process describing the steps used to combine and validate various data sources in reporting information to the PIHP. | Y  N  P  NA |  |
| 14.5 | Data Control: The CMHSP maintains and performs data backup, restoration, and disaster recovery procedures. Utilizes secure communication for electronic protected healthcare information (PHI). | MDHHS/PIHP Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver contract: Performance Expectations and AFP attestation  MSHN/CMHSP Participant contract delegation grid | Beyond the policies listed in 14.1, it is the documentation and demonstration of back-up, restoration and disaster recovery procedures.  The CMHSP will demonstrate the procedures and technologies in place to secure e-PHI. | Y  N  P  NA |  |
| 14.6 | Data Validation: The CMHSP has system controls and quality procedures in place to assure the validity of data submitted to the PIHP (e.g. QI, PI, critical incident, claims and encounter, etc.). | MDHHS/PIHP Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver contract: Performance Expectations and AFP attestation  MSHN/CMHSP Participant contract delegation grid | The CMHSP can demonstrate the types of information validation that exist within its EMR/EHR/PM and data warehousing/reporting systems, along with external validation activities, that reasonably assures the quality of the data submitted to the PIHP. | Y  N  P  NA |  |
| 14.7 | Data Completeness: The CMHSP has systems and processes in place to gather and report all contractually obligated information, including but not limited to: MDHHS reports (encounter, BH-TEDS, QI, CIR, PI) and consumer (EOB and Cost of Service), per the frequency as defined in the contract). | MDHHS/PIHP Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver contract: Performance Expectations and AFP attestation | As the organization holding records on persons served, information contained in the contract is available in EMR/EHR/PM and/or data warehousing/reporting systems, or is otherwise **accounted** for and able to be electronically submitted to the PIHP. | Y  N  P  NA |  |
| 14.8 | *SYSTEMS SECURITY*  Physical Security: The CMHSP mitigates vulnerabilities to system corruption and data loss through restricted physical access to non-user IT resources. | HIPAA Security and Privacy, 45 CFR Parts 160 & 164 Subparts A, C & E | Key network components – servers, network infrastructure, and external data or telecommunications nodes – are secured with limited access. Should align with the Security policy referenced in 14.1 above. | Y  N  P  NA |  |
| 14.9 | Systems Security: The CMHSP maintains adequate control of administrator-level user privileges | HIPAA Security and Privacy, 45 CFR Parts 160 & 164 Subparts A, C & E | Only authorized staff have access to administrator-level user information. Redundancy of administrator level functions is in place. | Y  N  P  NA |  |
| **Summary of Findings and Corrective Action** | | | | | |
| **Strengths**:  **Findings**:  **Recommendations**: | | | | | |

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| 15.1 | **TRAUMA INFORMED CARE:**  The CMHSP has written and approved policies and procedures for implementation of a trauma-informed culture | MDHHS/CMHSP Managed Mental Health Supports and Services Contract, FY16 Attachment C6.9.9.1 | CMHSP policy & practice guidelines | ☐Y  ☐N  ☐P  ☐NA |  |
| 15.2 | Implementation of an organizational self-assessment every three years. | MDHHS/CMHSP Managed Mental Health Supports and Services Contract, FY16 Attachment C6.9.9.1 | Results of self-assessment tool | ☐Y  ☐N  ☐P  ☐NA |  |
| 15.3 | Adoption of approaches and procedures to prevent and address secondary/vicarious trauma | MDHHS/CMHSP Managed Mental Health Supports and Services Contract, FY19 Attachment C6.9.9.1 | CMHSP policy & practice guidelines.   * Environmental Factors * Supervision Notes/Techniques * Other Examples as warranted | ☐Y  ☐N  ☐P  ☐NA |  |
| 15.4 | Use of population and age-specific trauma-informed screen and assessment tool | MDHHS/CMHSP Managed Mental Health Supports and Services Contract, FY16 Attachment C6.9.9.1 | Policy/procedure  Examples that can be used:   * ACES * CTAC * QIC / CLC to add others and/or QAPI to add during review(s) | ☐Y  ☐N  ☐P  ☐NA |  |
| 15.5 | Use of trauma-informed evidence-based practice(s) (EBPs) for treatment and recovery services including procedures to address building trust, safety, collaboration, empowerment, resilience and recovery | MDHHS/CMHSP Managed Mental Health Supports and Services Contract, FY16 Attachment C6.9.9.1 | CMHSP policy/procedure(s) & practice guidelines.   * Seeking Safety (Co-Occurring) * DBT * QAPI to add as is applicable with guidance from CMHSPs | ☐Y  ☐N  ☐P  ☐NA |  |
| 15.6 | Collaboration with community organizations to support development of a trauma informed community that promotes behavioral health and reduces likelihood of mental illness and substance use disorders | MDHHS/CMHSP Managed Mental Health Supports and Services Contract, FY16 Attachment C6.9.9.1 | Memos of understanding, meeting minutes, documentary evidence of collaboration | ☐Y  ☐N  ☐P  ☐NA |  |
| **Summary of Findings and Corrective Action** | | | | | |
| **Strengths**:  **Findings**:  **Recommendations**: | | | | | |

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| **CHART SPECIFIC REVIEWS**  **(NOT INCLUDED ABOVE IN DMC REVIEW)** |
| **PERFORMANCE INDICATOR SELECTION** |
| **Record Results:** |
| **Comments:** |
| **Summary of Findings and Corrective Action** |
| **Strengths:**  **Findings:**  **Recommendations:** |
| **CRITICAL INCIDENTS SELECTION** |
| **Record Results:** |
| **Comments:** |
| **Summary of Findings and Corrective Action** |
| **Strengths:**  **Findings:**  **Recommendations:** |
| **STAFF TRAINING RECORDS REVIEW** |
| **Record Results:** |
| **Comments:** |
| **Summary of Findings and Corrective Action** |
| **Strengths:**  **Findings:**  **Recommendations:** |
| **MEDICAID CLAIMS/SERVICES VERIFICATION SELECTION** |
| **Record Results:** |
| **Comments:** |
| **Summary of Findings and Corrective Action** |
| **Strengths:**  **Findings:**  **Recommendations:** |
| **PROVIDER NETWORK CONTRACT SELECTION REVIEW** |
| **Record Results:**  **All contracts were available for review and all are signed by both parties: Yes / No**  **Obtain contract invoices/claims for January - September (if large, pull a sample month) and verify sufficient oversight and authorization of payment process:** Pulled Month and Year  **Contractor:**  **Signed:**  **Client:**  **Service Date:**  **Services:**  **Units:**  **Paid:**  **According to contract:**  **Provider Monitoring**:  **S:**  **Contractor:**  **Signed:**  **Client:**  **Service Date:**  **Services:**  **Units:**  **Paid:**  **According to contract:**  **Provider Monitoring**:  **S:**  **Contractor:**  **Signed:**  **Client:**  **Service Date:**  **Services:**  **Units:**  **Paid:**  **According to contract:**  **Provider Monitoring**:  **S:**  **Contractor:**  **Signed:**  **Client:**  **Service Date:**  **Services:**  **Units:**  **Paid:**  **According to contract:**  **Provider Monitoring**:  **S:**  **Contractor:**  **Signed:**  **Client:**  **Service Date:**  **Services:**  **Units:**  **Paid:**  **According to contract:**  **Provider Monitoring**:  **S:** |
| **Comments:** |
| **Summary of Findings and Corrective Action** |
| **Strengths:**  **Findings:**  **Recommendations:** |
| **PROVIDER MONITORING REVIEWS** |
| **Record Results:**   1. **Obtain CMHSP monitoring documents related to contracts. Review monitoring to ensure sufficient oversight per contract terms. Verify CMHSP follow up on any corrective action plan required by provider.**   **Contractor:**  **Certification review date**:  **General appearance of home**:  **Safety/Health/Sanitation/Training**:  **Plan of correction required:**  **Plan of correction received and approved**:  **Contractor:**  **Certification review date**:  **General appearance of home**:  **Safety/Health/Sanitation/Training**:  **Plan of correction required:**  **Plan of correction received and approved**:  **Contractor:**  **Certification review date**:  **General appearance of home**:  **Safety/Health/Sanitation/Training**:  **Plan of correction required:**  **Plan of correction received and approved**:  **Contractor:**  **Certification review date**:  **General appearance of home**:  **Safety/Health/Sanitation/Training**:  **Plan of correction required:**  **Plan of correction received and approved**:  **Contractor:**  **Certification review date**:  **General appearance of home**:  **Safety/Health/Sanitation/Training**:  **Plan of correction required:**  **Plan of correction received and approved**: |
| **Comments:** |
| **Summary of Findings and Corrective Action** |
| **Strengths:**  **Findings:**  **Recommendations:** |
| **BH-TEDS Record Submission / Total Encounter Records (%)** |
| **Record Results:** **%** |
| **Comments:** |
| **Summary of Findings and Corrective Action** |
| **Strengths:**  **Findings:**  **Recommendations:** |
| **MMBPIS COMPLIANCE REPORT REVIEW** |
| **Record Results:** |
| **Comments:** |
| **Summary of Findings and Corrective Action** |
| **Strengths:**  **Findings:**  **Recommendations:** |

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| **ENCOUNTER PROCESS / DOCUMENTATION AND RECORD VALIDATION** | | |
| **Encounter Process and Documentation (Part I)** | **Encounter Record Validation (Part II)** | |
| **%** | **%** | |
| **Comments:** | | |
| **Summary of Findings and Corrective Action** | | |
| **Strengths:**  **Findings:**  **Recommendations:** | | |
| **QI PROCESS / DOCUMENTATION AND RECORD VALIDATION** | | |
| **QI Process and Documentation (Part I)** | **QI Record Validation (Part II)** | |
| **%** | **%** | |
| **Comments:** | | |
| **Summary of Findings and Corrective Action** | | |
| **Strengths:**  **Findings:**  **Recommendations:** | | |
| **BH TEDS PROCESS / DOCUMENTATION AND RECORD VALIDATION** | | |
| **BH TEDS Process and Documentation (Part I)** | **BH TEDS Record Validation (part II)** | |
| **%** | **Data Validation** | **Special Processes** |
| **%** | **%** |
| **Comments:** | | |
| **Summary of Findings and Corrective Action** | | |
| **Strengths:**  **Findings:**  **Recommendations:** | | |