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| **MSHN Monitoring of CMHSPs – Program Specific Standards** | |
| **CMHSP NAME:** Choose an item. | **DATE OF REVIEW:** Click or tap to enter a date. |
| **NAMES OF REVIEWERS:** | |

|  | **STANDARD** | **Basis/Source** | **Evidence of Compliance could include:** | **Met Standard**  **Yes/No** | **Evidence Found:**  **Notes/Comments** |
| --- | --- | --- | --- | --- | --- |
| 1.1 | **JAIL DIVERSION**  CMHSP provides services designed to divert beneficiaries that qualify for MH/DD specialty services from a possible jail incarceration, when appropriate. Such services shall be consistent with the Jail Diversion Practice Guideline. | MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract, Adult Jail Diversion Policy Practice Guideline Attachment P 7.10.3.1 | Copies of all current agreements containing all the requirements outlined in contract attachment – add a note, clarify current can include a signed agreement as long as communication and identification of coordination exists. | Yes  No  Partial  NA |  |
| 1.2 | CMHSP has a current copy of Jail Diversion agreements for all law enforcement entities within their counties. |  | Copies of all current  agreements containing all the  requirements outlined in  contract attachment.  \*Current agreements can  include a signed agreement as  long as communication and  identification of coordination  exists. | Yes  No  Partial  NA |  |
| 1.3 | The CMHSP/PIHP has policies/procedures/guidelines in place that define the Jail Diversion program. | MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract, Adult Jail Diversion Policy Practice Guideline Attachment P 7.10.3.1 | Copies of current policies/procedures/guidelines, etc. | Yes  No  Partial  NA |  |
| 1.4 | The CMHSP has a process in place that ensures jail detainees are screened for the presence of a serious mental illness, co-occurring substance disorder, or developmental disability within the first 24-48 hours of detention. | MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract, Adult Jail Diversion Policy Practice Guideline Attachment P 7.10.3.1 | Sample of completed jail diversion screening showing screening for presence of co-occurring, DD, or SMI | Yes  No  Partial  NA |  |
| 1.5 | The CMHSP has a liaison with the jail system. |  | Name of Liaison and copy of Job Description for Liaison | Yes  No  Partial  NA |  |
| 1.6 | The CMHSP holds regular meetings (at least one annually) with the law enforcement and CMHSP representatives (judges, sheriffs, prosecuting attorneys, etc.) |  | Copy of meeting minutes and attendance | Yes  No  Partial  NA |  |
| 1.7 | The CMHSP provides cross training for law enforcement and mental health personnel on the pre-booking and post-booking jail diversion program. |  | Copy of training attendance and dates | Yes  No  Partial  NA |  |
| 1.8 | The CMHSP has a Jail Diversion data report that includes a unique consumer ID, the date of the diversion, the type of crime, and the diagnosis. |  | Copy of data report | Yes  No  Partial  NA |  |
| **Summary of Findings and Corrective Action – Jail Diversion** | | | | | |
| **Strengths**:  **Findings**:  **Recommendations**: | | | | | |
| 2.1 | **ASSERTIVE COMMUNITY TREATMENT (ACT)**  ACT services are provided by all members of a mobile, multi-disciplinary team (all team members see all consumers unless there is a clinical reason to do otherwise) | MDHHS site review protocol B.4.3.1 | Policy/procedure, encounters by staff, Program Brochures, Job Descriptions, etc. | Yes  No  Partial  NA |  |
| 2.2 | ACT team includes one physician, one health care professional, one RN, non-professionals supervised by one of the above and supervision documented in the record  *Physician Assistants can perform clinical tasks under the terms of a practice agreement with a participating physician and must hold a PA license and controlled substance license, effective 10.1.18.* | MDHHS Site review protocol B 4.3.1  Medicaid Provider Manual CH. III Covered services  DHHS Memo Inclusion of Physician Assistants to Assertive Community Treatment (ACT) as a provider of psychiatric services to ACT teams and ACT consumers effective October 1, 2018 | List of Team Members, Job Titles, and Supervisor  Supervision Notes/Documentation | Yes  No  Partial  NA |  |
| 2.3 | ACT team is sufficient in number to provide an intensive service array 24/7 and team size is based on a staff to consumer ratio of not more than 1:10 | MDHHS Site review protocol B 4.4.1 | ACT Consumer List for FY & Correlating ACT Team Member List | Yes  No  Partial  NA |  |
| 2.4 | Team meetings are held Monday - Friday and documented, including attendees and consumers discussed.  Psychiatrist, Physician and/or Nurse Practitioner participates in ACT team meetings at least weekly.  *\*Qualified Physician Assistants can perform psychiatric duties for ACT as of 10.1.18* | MDHHS Site review protocol B 4.3.5  Medicaid Provider Manual, Mental Health and Substance Abuse Services, Chapter, Section 4.4  DHHS Memo Inclusion of Physician Assistants to Assertive Community Treatment (ACT) as a provider of psychiatric services to ACT teams and ACT consumers effective October 1, 2018 | Team meeting minutes  Documentation of Psychiatrist or PA and/or Nurse Practitioner attendance/ participation in team meetings at least weekly | Yes  No  Partial  NA |  |
| 2.5 | Majority of ACT services are provided according to the beneficiary’s preference and clinical appropriateness in the beneficiary’s home or other community locations rather than the team office | Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4.4 | ACT Program Description  Program Brochure  Policy/Procedure | Yes  No  Partial  NA |  |
| **Summary of Findings and Corrective Action – ACT** | | | | | |
| **Strengths**:  **Findings**:  **Recommendations**: | | | | | |
| 3.1 | **SELF-DETERMINATION**  Adults with developmental disabilities and serious mental illness have opportunities to pursue arrangements that support self-determination in order to control and direct their specialty mental health services and support arrangements. | Medicaid Managed Specialty Services and Supports Contract, Attachment 3.4.4 Self-Determination Practice Guideline (SD P&PG).  Choice Voucher System Technical Advisory  SD P&PG, Purpose § I, Policy § I. | Policy/Procedure, brochures | Yes  No  Partial  NA |  |
| 3.2 | Individuals receive information about self-determination and the manner in which it may be accessed and applied is provided to each consumer. | SD P&PG, Policy § I.C. | CMHSP brochures and educational materials; policies/procedures; etc. | Yes  No  Partial  NA |  |
| 3.3 | The individual budget and the arrangements that support self-determination are included as part of the person-centered planning process. | SD P&PG, Policy § II. A | Policy/Procedure | Yes  No  Partial  NA |  |
| 3.4 | Each individual participating in arrangements that support self-determination has a Self-Determination Agreement that complies with the requirements. | SD P&PG, Policy § II. E | Policy/Procedure | Yes  No  Partial  NA |  |
| 3.5 | Each CMHSP has a contract with at least one fiscal intermediary. | SD P&PG, Policy § IV. B | Copy of FI contract | Yes  No  Partial  NA |  |
| 3.6 | Each CMHSP has procedures in place for assuring that fiscal intermediaries meet the minimum requirements | SD P&PG, Policy § IV.B, C, D &E;  Medicaid Provider Manual, MH/SA, § 17.3. O. | Policies/Procedures for monitoring the FI; Copy of FI contract; Copy of FI annual review | Yes  No  Partial  NA |  |
| 3.7 | Individuals participating in self-determination shall have assistance to select, employ, and direct his/her support personnel, and to select and retain chosen qualified provider entities. | SD P&PG, Policy § IV | Policies/Procedure | Yes  No  Partial  NA |  |
| 3.8 | The CMHSP has a process for handling both voluntary and involuntary termination of a Self-Determination Agreements. |  | Copy of Notice of Termination; CMHSP policies/procedures; | Yes  No  Partial  NA |  |
| **Summary of Findings and Corrective Action – Self-Determination** | | | | | |
| **Strengths**:  **Findings**:  **Recommendations**: | | | | | |
| 4.1 | **PEER DELIVERED AND OPERATED SERVICES (Drop-In) (If applicable)**  Staff and board of directors of the Drop In  Center are each primary consumer. | Medicaid Provider Manual, Mental  Health/Substance Abuse, 17.3. H.2. | List of board members and  their status as primary  consumers  List of staff members and  their consumer status  Certified through State; PIHP need a copy of review; clarification of DCH process – JIMHO | Yes  No  Partial  NA |  |
| 4.2 | The CMHSP supports consumer's autonomy  and independence in making decisions about the  Drop in Center's operations and financial management. | (Medicaid Provider Manual, Mental  Health/Substance Abuse, 17.3. H.2.) | Minutes from meetings and  participation of members,  staff, and board  How conflicts are resolved  between the funding source  and the drop-in Centers Evidence of how much  involvement the liaison has. Does the drop-in contract  demonstrate clear consumer  Leadership?  Who writes the checks for the?  financial responsibilities of  running the drop-in center  and how are actual purchases  decided | Yes  No  Partial  NA |  |
| **Summary of Findings and Corrective Action – Peer Delivered and Operated Services** | | | | | |
| **Strengths**:  **Findings**:  **Recommendations**: | | | | | |
| 5.1 | **HOME-BASED SERVICES**  Responsibility for directing, coordinating, and  supervising the staff/program are assigned to  a specific staff position. | Medicaid Provider Manual, Mental Health and  Substance Abuse Services, Section 7.1 | Name, Job description | Yes  No  Partial  NA |  |
| 5.2 | The worker-to-family ratio meets the 1:12  requirements established in the Medicaid  Provider Manual. For families transitioning out of home-based services, the maximum ratio is 1:15 (12 active, 3 transitioning). | Medicaid Provider Manual, Mental Health and  Substance Abuse Services Chapter, Section 7.1 | Org chart with case load documented, internal tracking document | Yes  No  Partial  NA |  |
| 5.3 | A minimum of 4 hours of individual and/or family face-to-face home-based services per month are provided by the primary home-based services worker (or, if appropriate, the evidence-based practice therapist). | Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1 | Policy/procedures | Yes  No  Partial  NA |  |
| 5.4 | Home based services are provided in the family home or community. | Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1 | Location of services data, policy/procedure, program brochures, contract(s), reviews, etc. | Yes  No  Partial  NA |  |
| 5.5 | Wraparound services are in compliance with program requirements and DCH approval or corrective action plan is in place. |  | Policy/Procedures, Corrective Action Plan.  Verification of compliance of services will also be conducted via clinical chart review tool. | Yes  No  Partial  NA |  |
| **Summary of Findings and Corrective Action** | | | | | |
| **Strengths**:  **Findings**:  **Recommendations**: | | | | | |
| 6.1 | **CLUBHOUSE PSYCHO-SOCIAL REHABILITATION** PROGRAM (If applicable)  Members have access to the clubhouse during times other than the ordered day, including evenings, weekends, and all holidays. | Medicaid Provider Manual, Mental Health/Substance Abuse, Section 5.) | Policy, procedures, brochures, handouts  Hours of Operations | Yes  No  Partial  NA |  |
| 6.2 | The program has a schedule that identifies when program components occur. | Program Approval, Program Structure & Services | Policy, procedure, schedule | Yes  No  Partial  NA |  |
| 6.3 | The program has an ordered day; vocational & educational support; member supports (outreach, self-help groups, sustaining personal entitlements, help locating community resources, and basic necessities); social opportunities that build personal, community and social competencies. | Program Approval, Ordered Day | Policy, procedures, schedule, handouts | Yes  No  Partial  NA |  |
| 6.4 | Services directly relate to employment, including transitional employment, supported employment, on-the-job training, community volunteer opportunities, and supports for the completion of educational and other vocational assistance must be available. | Program Approval, Employment Services & Educational Supports | Policy, procedures, brochures, handouts | Yes  No  Partial  NA |  |
| 6.5 | State Approved Program | Program Approval | Copy of State approval letter | Yes  No  Partial  NA |  |
| 6.6 | Current Clubhouse International Accreditation (or progress toward to meet deadline) | Program Approval | Copy of accreditation letter | Yes  No  Partial  NA |  |
| 6.7 | Member choice and involvement shall be illustrated by:   * Voluntary membership * Without time-limits * Supports/services not differentiated by diagnosis or level of functioning * Individual-determined schedule of attendance and choose a work unit that they will regularly participate in * Active engagement and support from staff * Reflects the beneficiary’s preferences and needs * Formal and informal decision-making is a part of the clubhouse * Staff and members work side by side | Medicaid Provider Manual, Mental Health/Substance Abuse, Section 5 | Policy, procedures, brochures, handouts | Yes  No  Partial  NA |  |
| **Summary of Findings and Corrective Action – Clubhouse** | | | | | |
| **Strengths**:  **Findings**:  **Recommendations**: | | | | | |
| 7.1 | **CRISIS RESIDENTIAL SERVICES**  Eligibility: Persons who meet psychiatric inpatient admission criteria, but who have symptoms and risk levels that permit them to be treated in alternative settings. | Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6 | Policy/procedures | Yes  No  Partial  NA |  |
| 7.2 | Covered services include: psychiatric supervision; therapeutic support services; medication management/stabilization and education; behavioral services; and nursing services. | Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6 | Policy/procedures | Yes  No  Partial  NA |  |
| 7.3 | Child Crisis Residential Services Settings - Nursing services must be available through regular consultation and must be provided on an individual basis according to the level of need of the child. | Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6 | Policy/procedures  Agreement(s)/Contract, etc.  Evidence of Implementation | Yes  No  Partial  NA |  |
| 7.4 | Adult Crisis Residential Settings - On-site nursing for settings of 6 beds or less must be provided at least 1 hour per day, per resident, 7 days per week, with 24-hour availability on-call.  OR  On-site nursing for settings of 7-16 beds must be provided 8 hours per day, 7 days per week, with 24-hour availability on-call. | Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6 | Policy/procedures  Demonstration of Compliance via Nursing Schedule, Agreements/Contracts, etc. | Yes  No  Partial  NA |  |
| 7.5 | Staffing: Treatment services must be provided under supervision of a psychiatrist. | Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6 | Policy/procedures, tracking mechanism, Supervision Notes (Team Meetings, etc.) | Yes  No  Partial  NA |  |
| 7.6 | The IPOS for individuals receiving crisis residential services must be developed within 48 hours of admission. |  | Policy/procedures, documentation of tracking | Yes  No  Partial  NA |  |
| 7.7 | The IPOS for individuals receiving crisis residential services is signed by the individual receiving services, his or her parent or guardian if applicable, the psychiatrist and any other professionals involved in treatment planning. |  | Policy, procedures, additional documentation | Yes  No  Partial  NA |  |
| 7.8 | The IPOS for individuals receiving crisis residential services must contain discharge planning information and the need for aftercare/follow-up services, including the role and identification of the case manager. |  | Policy, procedures, additional documentation | Yes  No  Partial  NA |  |
| 7.9 | If the individual has an assigned case manager, the case manager must be involved in treatment, as soon as possible, including follow-up services. |  | Policy/procedures, tracking mechanism | Yes  No  Partial  NA |  |
| 7.10 | If the length of stay in the crisis residential program exceeds 14 days, the interdisciplinary team must develop a subsequent plan based on comprehensive assessments. |  | Policy/procedures, tracking mechanism | Yes  No  Partial  NA |  |
| **Summary of Findings and Corrective Action – Crisis Residential** | | | | | |
| **Strengths**:  **Findings**:  **Recommendations**: | | | | | |
| 8.1 | **TARGETED CASE MANAGEMENT**Persons must be provided a choice of available, qualified case management staff upon initial assignment and on an ongoing basis. | (Medicaid Provider Manual, Mental Health/Substance Abuse, Section 13) | Policy & Procedure | Yes  No  Partial  NA |  |
| 8.2 | The case manager completes an initial written comprehensive assessment and updates it as needed. |  | Policy & Procedure | Yes  No  Partial  NA |  |
| 8.3 | The case record contains sufficient information to document the provision of case management services.  The beneficiary’s record must contain sufficient information to document the provision of case management, including the nature of the service, the date, and the location of contacts between the case manager and the beneficiary, including whether the contacts were face-to-face.  The frequency of face-to-face contacts must be dependent on the intensity of the beneficiary’s needs.  The case manager must review services at intervals defined in the individual plan of service.  The plan shall be kept current and modified when indicated (reflecting the intensity of the beneficiary’s health and welfare needs). A beneficiary or his/her guardian or authorized representative may request and review the plan at any time.  A formal review of the plan shall not occur less often than annually to review progress toward goals and objectives and to assess beneficiary satisfaction. |  | Policy & Procedure | Yes  No  Partial  NA |  |
| 8.4 | The case manager determines if the services and supports have been delivered, and if they are adequate to meet the needs/wants of the beneficiary.  Frequency and scope (face-to-face and telephone) of case management monitoring activities must reflect the intensity of the beneficiary’s health and welfare needs identified in the individual plan of services. |  | Policy & Procedure | Yes  No  Partial  NA |  |
| **Summary of Findings and Corrective Action – Targeted Case Management** | | | | | |
| **Strengths**:  **Findings**:  **Recommendations**: | | | | | |
| 9.1 | **Habilitation Supports Waiver**If a Waiver enrollee receives Environmental Modifications or Equipment, the PIHP has implemented prior authorizations in accordance with their process. | Medicaid Provider Manual, Mental Health/Substance Abuse, Section 15 | Policy/Procedure | Yes  No  Partial  NA |  |
| 9.2 | Individual had an ability to choose among various waiver services. | PCP Policy, 2017 | Policy/Procedure | Yes  No  Partial  NA |  |
| 9.3 | Individual had an ability to choose their providers. | HSW PM D-11  Medicaid Provider Manual | Policy/Procedure | Yes  No  Partial  NA |  |
| 9.4 | The individual plan of service (IPOS) adequately identifies the individual’s goals and preferences. | (HSW PM D-3) | Policy/Procedure | Yes  No  Partial  NA |  |
| 9.5 | 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 | Yes  No  Partial  NA |  |
| 9.6 | The individual plan of service is modified in response to changes in the individual’s needs. | (HSW PM D-6) | Policy/Procedure | Yes  No  Partial  NA |  |
| 9.7 | The person-centered planning process builds upon the individual’s capacity to engage in activities that promote community life. | MCL 330.1701(g) | Policy/Procedure | Yes  No  Partial  NA |  |
| 9.8 | Individual plan of service addressed health and safety, including coordination with primary care providers. | (HSW PM D-2) | Policy/Procedure |  |  |
| 9.9 | The individual plan of service is developed in accordance with policies and procedures established by MDHHS.  Evidence:   1. Pre-planning meeting. 2. Availability of self-determination, and 3. Use of PCP process in developing IPOS | (HSW PM D-4) | Policy/Procedure |  |  |
| 9.10 | Services requiring physician signed prescription follow Medicaid Provider Manual requirements. (Evidence: Physician-signed prescriptions for OT and PDN services are in the file and include a date, diagnosis, specific service or item description, start date and the amount or length of time the service is needed.) |  | Policy/Procedure |  |  |
| 9.11 | Specific services and supports that align with the individual’s assessed needs, including measurable goals/objectives, the amount, scope, and duration of services, and timeframe for implementing are identified in the IPOS. | (HSW PM |  |  |  |
| 9.12 | Services and treatment identified in the IPOS are provided as specified in the plan, including measurable goals/objective, the type, amount, scope, duration, frequency and timeframe for implementing. | (HSW PM D-7) | Policy/Procedure |  |  |
| 9.13 | The IPOS for individuals enrolled in the HSW is updated within 365 days of their last IPOS. | (HSW PM D-5) | Policy/Procedure | Yes  No  Partial  NA |  |
| 9.14 | The CMHSP ensures that Waiver service providers meet credentialing standards prior to providing HSW services. | (HSW PM C-1) | Evidence should include personnel records with corresponding credentialing documents, i.e. licenses, certifications, required QIDP experience | Yes  No  Partial  NA |  |
| 9.15 | The CMHSP ensures that Waiver service providers continue to meet credentialing standards on an ongoing basis. | (HSW PM C-2) | Policy/Procedure for ongoing review of credentialing.  Tracking Document(s) | Yes  No  Partial  NA |  |
| 9.16 | The PIHP ensures that non-licensed Waiver service providers meet the provider qualifications identified in the Medicaid Provider Manual.  Evidence; personnel and training records:  1. At least 18 years of age.  2. Able to prevent transmission of any communicable disease.  3. In good standing with the law (i.e., not a fugitive from justice, not a convicted felon who is either still under jurisdiction or one whose felony relates to the kind of duty he/she would be performing, not an illegal alien).4. Able to perform basic first aid procedures, as evidenced by completion of a first aid training course, self-test, or other method determined by the PIHP to demonstrate competence in basic first aid procedures. | (HSW PM C-3) | Policy/Procedure | Yes  No  Partial  NA |  |
| 9.17 | All HSW providersmeet staff training requirements. *Note: This is not limited to group home staff. All HSW providers for the samples should meet staff training requirements (includes own home and family home).* | (HSW PM C-4) | Training Records | Yes  No  Partial  NA |  |
| 9.18 | Persons who are enrolled on a habilitation supports waiver must be certified as current enrollees and be re-certified annually & this certification form must be in the individual’s record with local CMHSP signature. |  | Policy/Procedure | Yes  No  Partial  NA |  |
| 9.19 | Evidence of CMHSP Corrective Action in response to the MDHHS HSW Site Review |  | Most recent MDHHS HSW Site Review, Correlating Corrective Action Plan, Evidence of Implementation | Yes  No  Partial  NA |  |
| 9.20 | Evidence of CMHSP Monitoring of potential recoupments for HSW Enrollees. |  | Policy/Procedure; Copy of Report; Committee Minutes | Yes  No  Partial  NA |  |
| **Summary of Findings and Corrective Action – Habilitation Supports Waiver** | | | | | |
| **Strengths**:  **Findings**:  **Recommendations**: | | | | | |
| 10.1 | **AUTISM BENEFIT/APPLIED BEHAVIORAL ANALYSIS**  Development of IPOS is consistent with MDHHS policies and procedures against conflict of interest as evidenced by:  A. IPOS is developed through a person-centered planning process;  B. The assigned individual overseeing the development of the IPOS does not provide ABA services;  C. The authorization of Behavioral Health Treatment (BHT) is performed by the Utilization Management unit. | Medicaid Provider Manual MHSA Section 18 | (review by Autism Workgroup & compare to site visit tool utilized by DCH) | Yes  No  Partial  NA |  |
| 10.2 | Beneficiaries IPOS addresses the needs.   1. As part of the IPOS, there is a comprehensive individualized ABA behavioral plan of care that includes specific targeted behaviors for improvement, along with measurable, achievable, and realistic goals for improvement. 2. The IPOS must address risk factors identified for the child and family, specify how the risk factor may be minimized and describe the backup plan for each identified risk. For example, a risk factor might be how to ensure consistent staffing in the event a staff did not show up. The backup plan is that the agency has a staff who is already trained in this child’s IPOS and that staff person can be sent in the event a staff does not show up to provide a service. | Medicaid Provider Manual MHSA Section 18 | Policy & Procedure | Yes  No  Partial  NA |  |
| 10.3 | Beneficiaries services and supports are provided as specified in the IPOS, including:  A. Amount  B. Scope  C. Duration | Medicaid Provider Manual MHSA Section 18 | Policy/Procedure | Yes  No  Partial  NA |  |
| 10.4 | Per the MPM, “[a] preliminary plan must be developed within seven days of the commencement of services. Pursuant to state law and in conjunction with the Balanced Budget Act of 1997 [Section 438.10 (f)(6)(v)], each beneficiary must be made aware of the amount, duration, and scope of the services to which he is entitled. Therefore, each plan of service must contain the expected date any authorized service is to commence, and the specified amount, scope, and duration of each authorized service. The beneficiary must receive a copy of his plan of services within 15 business days of completion of the plan~~.”~~ | Medicaid Provider Manual MHSA Section 18 | Policy/Procedure | Yes  No  Partial  NA |  |
| 10.5 | Beneficiaries are informed of their right to choose among providers as evidenced by documentation the Pre- Planning Meeting summary | Medicaid Provider Manual MHSA Section 18 | Policy/Procedure | Yes  No  Partial  NA |  |
| 10.6 | Beneficiaries IPOS are updated within 365 days of their last plan of service. | Medicaid Provider Manual MHSA Section 18 | Policy/Procedure | Yes  No  Partial  NA |  |
| 10.7 | Beneficiaries BHT authorization was completed by Utilization Management (UM) staff who are free from conflict of interest as evidenced by documentation that the staff does not provide any other service to that beneficiary | Medicaid Provider Manual MHSA Section 18 | Policy/Procedure | Yes  No  Partial  NA |  |
| 10.8 | Beneficiaries ongoing determination of level of service (every six months) has evidence of measurable and ongoing improvement in targeted behaviors as demonstrated with ABLLS-R or VB-MAPP | Medicaid Provider Manual MHSA Section 18 | Policy/Procedure | Yes  No  Partial  NA |  |
| 10.9 | Beneficiaries IPOS are reviewed at intervals specified in the MSA 15-59 (minimally every three months) and if indicated, adjusting the service level and setting(s) to meet the child’s changing needs | Medicaid Provider Manual MHSA Section 18 | Policy/Procedure | Yes  No  Partial  NA |  |
| 10.10 | Beneficiaries whose average hours of ABA services during a quarter were within the suggested range for the intensity of service plus or minus a variance of 25%. | Medicaid Provider Manual MHSA Section 18 | Policy/Procedure | Yes  No  Partial  NA |  |
| 10.11 | BHT Service Provider Qualifications:  BCBA or BCBA-D: Current certification as a BCBA through the Behavior Analyst Certification Board (BACB)  Licensed Psychologist (LP) Minimum of a doctorate degree working within their scope of practice and has extensive knowledge and training in behavior analysis as outlined in the MSA 15-59. Must be certified as a BCBA by September 30, 2020.  Limited Licensed Psychologist (LLP) Minimum of a doctorate degree working within their scope of practice and has extensive knowledge and training in behavior analysis as outlined in the MSA 15-59. Must be certified as a BCBA by September 30, 2020.  Board Certified Assistant Behavior Analyst (BCaBA) works under supervision of a BCBA and is currently certified as a BCaBA through BACB.  QBHP: A minimum of a master’s degree in a mental health-related field from an accredited institution with specialized training and one year of experience in the examination, evaluation, and treatment of children with ASD. Works within their scope of practice, works under the supervision of the BCBA, and has extensive knowledge and training in behavior analysis as outlined in the MSA 15-59. Must be certified as a BCBA by September 30, 2020. QBHP may hold a master’s degree in a Behavior Analyst Certification Board (BACB) approved degree category from an accredited institution.  Behavior Technician: Works under the supervision of the BCBA or other professional (BCaBA, LP, LLP, or QBHP) overseeing the behavioral plan of care. Must receive BACB Registered Behavior Technician (RBT) training conducted by a professional experienced in BHT services. | Medicaid Provider Manual MHSA Section 18 [BHT Service Provider Qualifications](http://www.michigan.gov/documents/autism/MSA_Bulletin_15-59_507763_7.pdf) (See Behavior Technician, pgs. 8-9)  40-hour requirement documentation found: <http://www.michigan.gov/documents/autism/BHT-ABA_Services_Qualified_Providers_510149_7.pdf>  Medicaid Provider Manual MHSA Section 18 | Staff List, Job Title, Qualifications of Team Member(s) | Yes  No  Partial  NA |  |
| 10.12 | Evidence of CMHSP Corrective Action in response to the MDHHS ASD Site Review |  | Most Recent MDHHS ASD Site Review, Corrective Action Plan, Evidence of Implementation | Yes  No  Partial  NA |  |
| 10.13 | Observation Ratio: Number of Hours of ABA observation during a quarter are > to 10% of the total service provided | MSA 1559 Policy | Policy/Procedure | Yes  No  Partial  NA |  |
| **Summary of Findings and Corrective Action – Autism/ABA** | | | | | |
| **Strengths**:  **Findings**:  **Recommendations**: | | | | | |
| **Home & Community Based Services** | | | | | |
| 11.1 | CMHSPs coordinate with providers and have assurances in place to ensure full and ongoing compliance with the HCBS Rule, including ensuring all rights and freedoms are met. | 42 CFR 441.700 et. seq., MDHHS Person Centered Planning Policy Revised (6/17/17) | Policies, procedures, evidence of choice documentation (i.e. life choice document, quality of life document, life choices form, etc.),  Contract reviews, site reviews, documentation of coordination with providers  Evidence of ongoing efforts (corrective action) to remediate any non-compliant requirements,  Provider meeting minutes | Yes  No  Partial  NA |  |
| 11.2 | CMHSPs ensures that the conflict of interest requirements of the HCBS Final Rule are met and that the person responsible for the PCP process is separate from the eligibility determination, assessment, and service provision responsibilities. | MDHHS Person Centered Planning Policy Revised (6/17/17) | Conflict free case management policy/procedure, review of access information and PCP. | Yes  No  Partial  NA |  |
| 11.3 | CMHSPs have processes in place to evaluate provider corrective action follow up requirements, as necessary, and provides support to the network in obtaining compliance. | MDHHS FY18 PIHP Amend #1 18.1.13 | See 11.1, also notes representative of activities assisting providers,  Policy, procedure, evaluation documentation,  Provider meeting notes | Yes  No  Partial  NA |  |
| 11.4 | If a restriction for a consumer is medically necessary, due to health and safety, modifications are addressed in the consumer’s PCP and all requirements are followed and documented in consumer chart. | 42 CFR 441.725  Medicaid Provider Manual | Policy, procedure(s) | Yes  No  Partial  NA |  |
| 11.5 | CMHSPs support the transition of consumers receiving services in non-compliant settings to settings that offer services and supports compliant with the HCBS rule. | Federal HCBS Rule (42 CFR Parts 430,431, 435, 436, 440, 441 and 447) | Evidence of consumer move to new residence or provider.  Examples of consumer transition to compliant settings, procedures for assisting consumers with transition, documentation of provider meetings/communication regarding capacity building, expanding provider network with compliant providers | Yes  No  Partial  NA |  |
| 11.6 | Effective October 1, 2018, the CMHSP does not enter into new contracts with new providers or current provider, new setting unless the provider has obtained provisional approval status through completion of the HCBS Provisional Approval Application, demonstrating that the provider does not require heightened scrutiny. | MDHHS FY18 PIHP Amend #1 18.1.13  Federal HCBS Rule (42 CFR Parts 430,431, 435, 436, 440, 441 and 447) | List of contracted HCBS Providers and sites, policy, procedure | Yes  No  Partial  NA |  |
| **Summary of Findings and Corrective Action – Home and Community Based Services** | | | | | |
| **Strengths:**  **Findings:**  **Recommendations:** | | | | | |