

EXHIBIT A
MSHN DELEGATION GRID
PIHP Functions- Simplified Form

I. Customer Service

PIHP Activity	Retained or delegated?
Information Services: This component includes those information activities, brochures and material that pertain specifically to the CMHSP/SUD provider network.	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
Customer Services: This component includes: <ul style="list-style-type: none"> maintaining an office(s) of Enrollee Rights, Customer Service and Recipient Rights in compliance with federal and state statutes. Customer Services will operate minimally eight hours daily Monday through Friday and telephone calls will be answered through a dedicated toll-free customer services telephone line by a live representative. Local communication with consumers regarding the role and purpose of the PIHP's Customer Services and Recipient Rights Office. Development of local activities designed to engage consumers, and other stakeholders, including members of the general public, in decision oriented activities throughout the CMHSP/SUD, including its sub-panel provider network Training and orientation of customers, to participate actively in Advisory Groups, task forces, working committees. 	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
Customer Recipient Rights Complaint, Grievance and Appeals and Second Opinion Processes. Each CMHSP shall be responsible for notification to both its staff and consumers of: <ul style="list-style-type: none"> The PIHP's complaint, grievance and appeal, second opinion and recipient rights processes Application and implementation of the PIHP policies and procedures related Grievance & Appeals, Second Opinion and Recipient Rights Procedures Providing acknowledgement of grievance and appeals, Adverse Benefit Determination and disposition notices within timeframes specified by and according to PIHP Grievance and Appeals and Second Opinion Policy 	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs *PIHP remains responsible for oversight. Second opinion requests are handled by CMHSPs.</p>

<ul style="list-style-type: none"> • Documenting and reporting Denials, Grievance & Appeals, Fair Hearings, Recipient Rights Complaints, Second Opinion requests, Critical Incidents, and Sentinel Events. • Documenting and reporting the dispositions of all Grievance & Appeals, Fair Hearings, Recipient Rights complaints, Second Opinions (where applicable), Critical Incidents, and Sentinel Events 	
<p>Information Requirements and Notices:</p> <p>All informative materials intended to be distributed through written or other media to beneficiaries or the broader community that describe the availability of covered services and supports and how to access those supports and services shall meet the following standards:</p> <ul style="list-style-type: none"> • All such materials shall be written at the 4th grade reading level when possible • All materials shall be available in the languages appropriate to the people served within the PIHP's area for specific Non-English Language that is spoken as the primary language by more than 5% of the population in the PIHPs Region. Such materials shall be available in any language alternative to English as required by the Limited English Proficiency Policy Guidance • All such materials shall be available in alternative formats in accordance with the Americans with Disabilities Act (ADA). Beneficiaries shall be informed of how to access the alternative formats • Material shall not contain false, confusing, and/or misleading information. <p>The CMHSP shall provide the following information to all consumers:</p> <p>A listing of contracted providers that identifies provider name as well as any group affiliation, street addresses, telephone numbers, web site URL (as appropriate), services they provide, the provider's cultural and linguistic capability, any non-English languages spoken (including American Sign Language), any specialty for which they are known, if the provider's office /facility has accommodations for people with physical disabilities, and whether they are accepting new beneficiaries. This list must include independent PCP facilitators. The list needs to include any restrictions on the beneficiary's freedom of choice among network providers. The listing would be available in the format that is preferable to the beneficiary: written paper copy or on-line. The listing must be kept current and offered to each beneficiary annually.</p> <ul style="list-style-type: none"> • Enrollee rights and protections • Appeals, grievance and fair hearing procedures • Amount, duration, and scope of benefits available • Procedures for obtaining benefits, including authorization requirements 	<p>___ Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p> <p>*This section serves as a reminder that there is a need for a member handbook that includes common content.</p>

<ul style="list-style-type: none"> • The extent to which, and how, consumers may obtain benefits from out of network providers • The extent of which, and how, after hours and emergency coverage is provided • The CMHSP shall provide the Customer Handbook in person, via mail, email or online to each enrollee at the time of service enrollment, and annually thereafter • Written notice of any significant change must be provided to the consumer at least 30 days before the intended effective date of the change for the following information {as specified in 438.10 (f)(6)} • CMHSP shall make a good faith effort to give written notice of termination of a contracted provider (organizational) within 15 days after receipt or issuance of the termination notice, to each consumer who received his or her services from the terminated provider. • Written notice of the law and a summary of the right to develop an advance directive in accordance with 42 CFR 422.128 and 42 CFR.6 MDHHS/PIHP Contract Part II(A) Sections 6.3.1, 6.3.2, and 7.10.5 	
Tracking, monitoring, trending and reviewing all Denial, Grievance and Appeals, Recipient Rights and Second Opinion data submitted by each local CMHSP.	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
The MSHN Corporate Compliance Committee will review all audit results annually, or as needed to meet obligations of the PIHP.	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
Annually provide to the beneficiary the estimated annual cost of each covered support and services he/she is receiving in compliance with Technical Requirement P 6.3.2.1.B.i	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
5% Explanation of Benefit, in compliance with Technical Requirement P 6.3.2.1.B.ii of the MDHHS PIHP contract.	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs

II. General Management

PIHP Activity	Retained or delegated?
Leadership and oversight for such activities as: <ul style="list-style-type: none"> • Access • Eligibility • Triage and Authorization 	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs

• Utilization Management	*Task implemented by CMHSPs with oversight responsibility from PIHP.
Maintain local legal counsel with responsibility to notify PIHP of any and all possible litigation	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
Participate in reviews and audits of MSHN as appropriate	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs *This responsibility will be detailed in MSHN operating agreement.
CMHSP participation in MSHN, Council, Committees and Workgroups, as necessary	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs *This responsibility will be detailed in MSHN operating agreement.
CMHSP participation in PIHP Consumer Advisory Council, as necessary	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs *This responsibility will be detailed in MSHN operating agreement.
The PIHP will assure the development and maintenance of an administrative structure to assure compliance with regulations. Also includes: A. MSHN will strive to ensure that all consumers served receive quality services in accordance with the mission and values of the MSHN. B. MSHN will develop, implement, and monitor the needed policies, procedures and formal activity plans. C. MSHN will establish operating practices that meet the requirements of 42CFR 438 Managed Care, the State of MI PIHP contract and related attachments, delineating those functions that will be fulfilled by the PIHP and those functions that will be delegated to MSHN Affiliate CMHSP's (Community Mental Health Service Provider).	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
PIHP Legal Support <u>1) PIHP/Affiliate Medicaid contract</u> XXVII. LIABILITY AND FINANCIAL RISK.	<input type="checkbox"/> Retained by MSHN*

<p>C. Each party to this Agreement must seek its own legal representative and bear its own costs including judgments in any litigation which may arise out of its activities to be carried out pursuant to its obligations hereunder. It is specifically understood and agreed that neither party will indemnify the other party in such litigation</p> <p><u>2) MDHHS/PIHP Contract (Part I Section 14.0)</u> The State, its departments, and its agents shall not be responsible for representing or defending the PIHP, PIHP's personnel, or any other employee, agent or subcontractor of the PIHP, named as a defendant in any lawsuit or in connection with any tort claim.</p>	<p>___ Delegated to local CMHs*</p> <p>*The PIHP and the individual CMHSPs are each liable for their own activities.</p>
<p>Oversight of delegated activities</p> <p><u>1) PIHP/Affiliate contract</u> XXX. MONITORING THE AGREEMENT.</p> <p>A. The performance of the terms of this Agreement shall be monitored on an ongoing basis by the designated representatives of the Payor and of the Provider.</p> <p>B. The Chief Executive Officer of each party hereto shall appoint administrative liaisons to be available to communicate with the liaisons of the other party.</p>	<p><input checked="" type="checkbox"/> Retained by MSHN</p> <p>___ Delegated to local CMHs</p>

III. Financial Management

PIHP Activity	Retained or delegated?
Routine accounting and budgeting functions, purchasing and inventory management, engagement of annual financial audit, compliance audit and consulting relationships – as detailed in MSHN procedures and MDHHS PIHP and CMHSP contract.	<p>___ Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
Tracking of Medicaid & SUD funding expenditures and revenues – as detailed in MSHN procedure	<p>___ Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
Data compilation and cost determination for rate-setting purposes	<p>___ Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
FSR, Administrative Cost Report, MUNC and Sub-element to PIHP – As detailed in MDHHS PIHP contract	<p>___ Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
Billing of all third-party payers (as Medicaid is the payer of last resort) – As detailed in MDHHS PIHP contract	<p>___ Retained by MSHN</p>

When CMH bills Medicare, a Coordination of Benefits Agreement must be in place.	<input checked="" type="checkbox"/> Delegated to local CMHs
Establish a budget and financial management system sufficient to monitor revenues and expenditures for the region, monitor changes in the Medicaid population for the PIHP region and the effect on capitated funds received from MDHHS, manage financial reserves to meet unexpected demand, determination of methodology for Medicaid payment to local CMHSP – As detailed in MSHN procedures	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
Compile of data cost information for weighted average determination, per service, for the region – As detailed in MSHN procedures	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
Report FSR and Medicaid Utilization Net Cost reporting to MDHHS – as detailed in MDHHS PIHP contract	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
Develop a Risk Management Plan for the PIHP, develop a regional reinvestment strategy for allocation of Medicaid savings, develop and submit Risk Management Plan to MDHHS	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs

IV. Information Systems Management

PIHP Activity	Retained or delegated?
Develop and maintain an understanding of MDHHS data collection, management, submission, and reporting requirements. MDHHS/PIHP Contract, Part II(A) Section 7.7.1. (Includes knowledge of up to date MDHHS documentation and participation in IT Council discussion of changes to reporting requirements)	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
Collect and accurately report all MDHHS required data elements, including QI, BH-TEDS, regional supplemental data, Performance indicators (MMBPIS), critical incidents and other required data on time according to MSHN and MDHHS requirements.	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs

<p>(Includes: Documented data extraction and processing methods; Implement and maintain data systems that collect, store, extract, and report QI data; Submit timely QI data formatted as required.)</p> <p>MDHHS/PIHP Contract, Part II(A) Section 7.7.1.</p>	
<p>Communicate immediately and work with MSHN IS staff to resolve QI data difficulties that prevent correct and timely submission of data and to resolve encounter data difficulties that prevent correct and timely submission of data.</p> <p>MDHHS/PIHP Contract, Part II(A) Section 7.7.1.</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
<p>Collect and accurately report encounter data on time according to MSHN and MMDHHS requirements.</p> <p>MDHHS/PIHP Contract, Part II(A) Section 7.7.1 & 7.7.2.</p> <p>(Includes: Document data extraction and processing methods to sufficiently explain how Encounter data gets created; Implement and maintain data systems that collect, store, extract, and report Encounter data according to MMDHHS requirements; Validate that Encounter data and reporting formats, values, and logic meet MSHN instructions and requirements prior to submission; Ensure that every consumer with an Encounter reported has a QI file; Comply with HIPAA 837 transaction requirements; Submit Encounter files in a timely manner.)</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
<p>Document data extraction and processing methods to sufficiently explain how performance indicator data gets created.</p> <p>MDHHS/PIHP Contract, Part II(A) Section 7.7.1., and BBA.</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
<p>Participate in and complete documentation necessary for information system capabilities assessments, both internal to the PIHP and external (i.e., from MMDHHS)</p> <p>(Includes: Timely and correct completion of Mini-ISCAT and accompanying attachments; Timely and correct completion of documentation and attachments needed by the PIHP for the ISCAT.)</p> <p>MDHHS/PIHP Contract, Part II(A) Section 7.7.1., and BBA.</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
<p>Disseminate to the CMHSP's the specifications for encounter, QI, Performance Indicators (MMBPIS), Critical Incidents, data submission, including:</p> <ul style="list-style-type: none"> • Dates due to MSHN • Method of submission to PIHP • Format of submission to PIHP Annual validation of PIHP PI indicators (1, 2, 3, 4 and 12) conducted at annual site visit. 	<p><input checked="" type="checkbox"/> Retained by MSHN</p> <p><input type="checkbox"/> Delegated to local CMHs</p>

MDHHS/PIHP Contract, Part II(A) Section 7.7.1.	
Create and manage data systems that store, extract, process, and submit affiliation-wide 837 encounter and QI data according to MMDHHS specifications.	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
MDHHS/PIHP Contract, Part II(A) Section 7.7.1.	
Process and submit affiliation 837 encounter and QI data. (Includes: Accept and convert CMHSP encounter (837) and QI submissions and resubmissions, check them for accuracy and quality, combine them into PIHP files, submit the combined files to MMDHHS according to their requirements, and store and track status on all files; Accept, understand, and work with error reports provided by MMDHHS on 837 and QI data submission to correct and resubmit data as require; Generate and distribute error reports to CMHSPs as needed, and work with CMHSPs to obtain corrected data submissions; Provide consultation to CMHSPs (i.e., provide guidance and requirements for solutions to issues on data quality and submission status).	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
MDHHS/PIHP Contract, Part II(A) Section 7.7.1.	
Conduct formal assessments of the CMHSP capacity and capability for carrying out the delegated information systems management activities on an ongoing and annual basis. (This includes: Interview staff that perform data systems management activities; Inspect and review the CMHSP's data system(s) and/or documentation, including policies, procedures, and guidelines; Compare a sampling of QI and encounter physical records to system data, and system data to submitted QI and encounter data, to validate consumer data is being collected, processed, and reported properly; Create and distribute to the CMHSP the analysis and summary of the findings of the assessment: including: Problems, Solution recommendations or requirements, Request for corrective action plan; Verify that the CMHSP has completed the corrective action, and if not, report to the IS Director and Compliance Committee.)	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
The MSHN Corporate Compliance Committee will review all assessment results annually, or as needed to meet obligations of the PIHP. Reference MSHN Policy	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
Supports Intensity Scale, in compliance with Part II(A) Section 7.7.3 of the MDHHS/PIHP contract.	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs

V. Jail Diversion

PIHP Activity	Retained or delegated?
<u>MDHHS/PIHP contract Part II(A) Section 7.10.3</u> states: "The PIHP shall coordinate with the appropriate entities, services designed to divert beneficiaries that qualify for MH/DD specialty services from a possible jail incarceration, when appropriate. Such services should be consistent with the Jail Diversion Practice Guidelines."	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
The PIHP will collect data reflective of jail diversion activities and outcomes as indicated in the Practice Guideline. PIHP will ensure that the Affiliates are notified of any changes to the MDHHS practice guideline for Jail Diversion.	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs

VI. Person Centered Planning

PIHP Activity	Retained or delegated?
Part II(A) Section 4.4 of the MDHHS contract states: "The Michigan Mental Health Code establishes the right for all individuals to have an Individual Plan of Service (IPS) developed through a person-centered planning process (Section 712, added 1996). The PIHP shall implement person-centered planning in accordance with the MDHHS Person-Centered Planning Practice Guideline (Attachment P 4.4.1.1). "	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
Development, modification, and monitoring of Affiliation policies and procedures related to PCP. Development, modification, and monitoring of training curriculum and resources to be used Affiliation wide. Development of review tool(s) related to PCP.	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs

VII. Provider Network

PIHP Activity	Retained or delegated?
<p>Local assessment of need for provider capacity. The CMHSP shall:</p> <ul style="list-style-type: none"> Annually evaluate the needed and actual capacity of its provider network and redistribute resources where necessary to ensure timely access and necessary service array to address consumer demands. 	<p>___ Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p> <p>*Task implemented by CMHSPs with oversight responsibility from PIHP.</p>
<p>Local Network Development and Management:</p> <ul style="list-style-type: none"> Manage 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 Negotiate contracts between the CMHSP and providers based on a procurement method that meets state and federal standards and in accordance with PIHP policy <p>*Excludes SUD provider network development and management</p>	<p>___ Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p> <p>*PIHP will have a common list of approved contractors, but individual CMHSPs are not required to utilize the services of any contractor who has been approved. There may be some central system for reporting on the performance of contractors; the details for this are still under consideration.</p>
<p>Utilization of the standardized Regional FI Services contract template and site review monitoring tool.</p>	<p>_X_ Delegated to local CMHs and regionally standardized</p>
<p>Maintenance of standardized Regional FI Services contract template and site review monitoring tool.</p>	<p><input checked="" type="checkbox"/> Retained by MSHN</p>
<p>Utilization of the standardized Inpatient Psychiatric Services contract template and site review monitoring tool.</p>	<p>_X_ Delegated to local CMHs and regionally standardized</p>
<p>Maintenance of standardized Regional Inpatient Psychiatric Services contract template and site review monitoring tool.</p>	<p><input checked="" type="checkbox"/> Retained by MSHN</p>
<p>Coordination and Continuity of Care:</p> <ul style="list-style-type: none"> Coordination of care with the QHP's within the CMHSP catchment area 	<p>___ Retained by MSHN</p>

<ul style="list-style-type: none"> • Develop relationships with other Health Care providers and SUD Providers to ensure coordinated services and appropriate referrals. • Develop 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. 	<input checked="" type="checkbox"/> Delegated to local CMHs
<p>Monitor and Evaluate providers. The CMHSP shall:</p> <ul style="list-style-type: none"> • Have an established process for monitoring (at least annually) the performance of each provider relative to the contract. The monitoring process will minimally assess performance and compliance indicators established by the PIHP. <p>*Excludes SUD provider network development and management</p>	<p>___ Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
<p><u>Provider Credentialing:</u> CMHSP shall credential providers, as appropriate, in accordance with the Credentialing section in this document.</p> <p>*Excludes SUD provider network development and management</p>	<p>___ Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p> <p>*There will be centralized reciprocity using uniform credentialing standards.</p>
<p>Organizational and Practitioner Credentialing for all providers directly operated by or under sub-contract to the CMHSP</p> <ul style="list-style-type: none"> • CMHSP shall assure that all individuals, whether employed or contracted by the CMHSP to provide clinical or medical services, will be credentialed; and all clinicians and physicians, whether employed or contracted by the CMHSP, will be privileged for each specific function to be performed • Credentialing and privileging shall be age and disability specific according to the populations served. • Credentials shall be verified, by primary source, prior to employment/contract. • Verification shall occur at time of contractor license renewal and renewal of provider agreement. • Copies of all licenses, registrations, and/or certifications shall be kept in the employees' or contractors' files. • Prior to employment/contract, the CMHSP shall verify 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. • Clinical privileging shall occur at the time of employment/contract and at least biennially thereafter. • Monitor sub-contractors, at least annually, with adherence to above. <p>*Excludes SUD provider network development and management</p>	<p>___X___ Retained by MSHN (SUD Network Providers)</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>

Secure contract with and manage all CMHSP's and SUD Network Providers.	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
Establish PIHP Provider Network Management policies and procedures	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
Monitor capacity and demand for services in the PIHP region	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
Establish and delegate a local level process for soliciting network provider feedback and/or complaints	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs PIHP retains process for soliciting CMHSP and SUD provider network complaints
Provider shall upload monthly to Payor its provider network listing.	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs

VIII. Quality Management

PIHP Activity	Retained or delegated?
Local functions of quality assurance and management. These activities shall include: <ul style="list-style-type: none"> develop and implement a Quality Improvement Program in accordance with Attachment P.7.9.1 of the Contract with the MDHHS and with the MSHN Region QI Plan ensure that Best Practice Guidelines are adhered to ensure a trauma-informed system ensure that compliance issues are adequately addressed and reported to the PIHP. 	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
Quarterly submission of quality indicator data to PIHP.	<input type="checkbox"/> Retained by MSHN

	<input checked="" type="checkbox"/> Delegated to local CMHs
Conduct Performance Improvement Projects (PIPs) as required by MDHHS.	<p>___ Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p> <p>*Conducted by CMHSPs with oversight from PIHP.</p>
Coordination and Continuity of Care: Implement procedure to coordinate the services that the CMHSP furnishes to the consumer with the services that the consumer receives from other entities.	<p>___ Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
Implementation of Compliance Monitoring activities outlined within the MSHN Corporate Compliance Plan and MSHN Compliance Procedures to comply with applicable laws, regulations and program requirements.	<p>___ Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p> <p>*Conducted by CMHSPs with oversight from PIHP.</p>
Each CMHSP shall have a Behavior Treatment Plan Review Committee to review and approve or disapprove any plans that propose to use restrictive or intrusive interventions.	<p>___ Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
Develop and approve a Quality Assurance Performance Improvement Program and annual plan for PIHP	<p><input checked="" type="checkbox"/> Retained by MSHN</p> <p>___ Delegated to local CMHs</p>
Review and Analysis of CMHSP's Quality activities and reports. These shall include: <ul style="list-style-type: none"> • Performance indicators • Critical Incidents and Sentinel Events • Consumer Input (e.g., Consumer Surveys, Dissatisfaction Reports, Focus Groups) • Recovery Self-Assessment • Self-Assessment of trauma informed care (min every 3 years) 	<p>___ Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p> <p>*Conducted by CMHSPs with oversight from PIHP.</p>
Disseminate to CMHSP Participants the specifications for Performance Indicator(MMBPIS) data submission including: <ul style="list-style-type: none"> • dates due to MSHN • methods of submission • format of submission 	<p><input checked="" type="checkbox"/> Retained by MSHN</p> <p>___ Delegated to local CMHs</p>

Develop and approve a MSHN Corporate Compliance Plan on an annual basis	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
The PIHP will utilize an Affiliation wide Behavior Treatment Plan Review process to provide oversight and guidance as needed to the CMHSP level Behavior Treatment Plan Review Committees.	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs *Oversight with aggregate review conducted at PIHP level.

IX. Self-Determination

PIHP Activity	Retained or delegated?
Part II(A) Section 4.7 of the MDHHS contract states: "It is the expectation that PIHPs will assure compliance among their network of service providers with the elements of the Self-Determination Policy and Practice Guideline dated 10/1/12 contract attachment 4.7.1. "	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
Development, modification, and monitoring of Affiliation policies and procedures related to SD.	<input checked="" type="checkbox"/> Retained by MSHN
Development, modification, and monitoring of training curriculum and resources to be used Affiliation wide.	<input type="checkbox"/> Delegated to local CMHs
Development of review tool(s) related to SD.	

X. Utilization Management

PIHP Activity	Retained or delegated?
<p>Prospective approval or denial of requested service:</p> <ul style="list-style-type: none"> • Full review with new UM Work Plan • 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 	<p>___ Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p> <p>*This topic has been marked as an implementation issue requiring the development of a specific policy or procedure at the MSHN level.</p>
Local-level Concurrent and Retrospective Reviews of affiliate Authorization and Utilization Management decisions/activities to internally monitor authorization decisions and congruencies regarding level of need with level of service, consistent with PIHP policy, standards and protocols.	<p>___ Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
Persons who are enrolled on a habilitation supports waiver must be certified as current enrollees and be re-certified annually. A copy of the certification form must be in the individual's file and signed by the local CMHSP representative.	<p>*This will be a local responsibility that is prompted centrally by MSHN. It will be a central responsibility to manage the resource of waiver slots and provide oversight.</p>
Development, adoption and dissemination of Practice Guidelines (PGs), Medical Necessity Criteria, and other Standards to be used by the Provider Network.	<p><input checked="" type="checkbox"/> Retained by MSHN</p> <p>___ Delegated to local CMHs</p>
42 CFR: 438.236: Practice Guidelines	
Development, modification and monitoring of related PIHP UM Policy, Procedures and Annual Plan as part of the Affiliation QI Plan.	<p><input checked="" type="checkbox"/> Retained by MSHN</p> <p>___ Delegated to local CMHs</p>
Review and Analysis of the Provider Networks quarterly utilization activity and reporting of services. Annual review of each Provider and the PIHP's overall Utilization Activities.	<p><input checked="" type="checkbox"/> Retained by MSHN</p> <p>___ Delegated to local CMHs</p>

XI. Integrated Health

PIHP Activity	Retained or delegated?
Participate in PIHP/MHP Joint Performance Metrics and Measures as outlined in the MDHHS/PIHP contract.	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
Implementation of Joint Care Management Processes: Facilitate monthly care coordination meetings and joint care management plans in CareConnect 360 for members with identified high risk factors who are receiving services from a Medicaid Health Plan and PIHP/CMHSP. Data validation activities as required by MDHHS.	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
Provide local level coordination among all providers (behavioral health and physical health) for persons being served; provide status updates to MSHN as requested to support care coordination activities between funders of services (PIHP and MHP)	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs

XII. 1915(i) State Plan Amendment, Children's Waiver and Serious and Emotional Disturbance Waiver

1915(i) State Plan Amendment	Retained or delegated?
The PIHP shall ensure independent and unbiased examination of all persons who meet the eligibility criteria for the 1915(i) and submit to MDHHS reviewed and approved assessments and evaluations.	<input checked="" type="checkbox"/> Retained by MSHN Review and submission to MDHHS for approval <input checked="" type="checkbox"/> Delegated to local CMHs CMHSP local responsibility to determine eligibility.
The PIHP shall ensure that the determination of continuing eligibility is completed and reviewed for and submitted to the Michigan Department of Health and Human Services (MDHHS).	<input checked="" type="checkbox"/> Retained by MSHN Review and submission to MDHHS for approval <input checked="" type="checkbox"/> Delegated to local CMHs Formal review of the individual plan of service no less than annually

The PIHP shall oversee and assure that services are provided in amount, scope, and duration as specified in the approved plan.	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
Children's Waiver	Retained or delegated?
The PIHP shall identify children who meet the eligibility criteria for the Children's Waiver Program and submit to MDHHS prescreens for those children.	<input checked="" type="checkbox"/> Retained by MSHN Review and submission to MDHHS for approval <input checked="" type="checkbox"/> Delegated to local CMHs CMHSP local responsibility to determine eligibility.
The PIHP shall carry out administrative and operational functions delegated by MDHHS to the PIHP as specified in the CMS approved C-waiver application. These delegated functions include: level of care determination; review of participant service plans; prior authorization of waiver services; utilization management; qualified provider enrollment; quality assurance and quality improvement activities.	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs with oversight and monitoring by PIHP
The PIHP shall review and approve the appropriate Category of Care/Intensity of Care and the amount of publicly funded hourly care for each Children's Waiver Program recipient per the Medicaid Provider Manual.	<input checked="" type="checkbox"/> Retained by MSHN Review and submission to MDHHS for approval <input checked="" type="checkbox"/> Delegated to local CMHs
<p>The PIHP shall oversee and assure that services are provided in amount, scope, and duration as specified in the approved plan.</p> <p>The PIHP shall assure via oversight that CWP services will not be provided for CWP enrolled beneficiaries who reside in an institutional setting, including a Psychiatric Hospital, CCI, or are incarcerated for an entire month.</p>	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
Serious Emotional Disturbance Waiver	Retained or delegated?
PIHP shall assess eligibility for the SEDW and submit applications to the MDHHS for those children the PIHP determines are eligible.	<input checked="" type="checkbox"/> Retained by MSHN Review and submission to MDHHS for approval <input checked="" type="checkbox"/> Delegated to local CMHs CMHSP local responsibility to determine eligibility.
The PIHP shall carry out administrative and operational functions delegated by MDHHS to the PIHP as specified in the CMS approved C-	<input type="checkbox"/> Retained by MSHN

<p>waiver application. These delegated functions include: level of care determination; review of participant service plans; prior authorization of waiver services; utilization management; qualified provider enrollment; quality assurance and quality improvement activities.</p>	<p><input checked="" type="checkbox"/> Delegated to local CMHs with oversight and monitoring by PIHP</p>
<p>The PIHP shall oversee and assure that services are provided in amount, scope, and duration as specified in the approved plan.</p> <p>PIHPs must assure sufficient service capacity to meet the needs of SEDW recipients.</p> <p>The PIHP shall assure via oversight that SEDW services will not be provided for SEDW enrolled beneficiaries who reside in an institutional setting, including a Psychiatric Hospital, CCI, or are incarcerated for an entire month.</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs with oversight and monitoring by PIHP</p>
<p>Ensure that local agreements with County local MDHHS offices are developed that outline roles and responsibilities regarding the MDHHS SEDW Child Welfare Project.</p> <p>Participate in required SEDW Child Welfare Project State/Local technical assistance meetings and trainings.</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
<p>Local MDHHS workers, PIHP SEDW Coordinator, CMHSP SEDW Leads and Wraparound Supervisors identify a specific referral process for children identified as potentially eligible for the SEDW.</p> <p>Participate in required SEDW Child Welfare Project State/Local technical assistance meetings and trainings.</p> <p>Collect and report to MDHHS all data as requested by MDHHS.</p>	<p><input checked="" type="checkbox"/> Retained by MSHN Aggregation and Reporting to MDHHS</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs Collection and reporting to the PIHP</p> <p>*PIHP Lead to participate in referral process, meetings and trainings.</p> <p>*CMHSP Leads to participate in referral process, meetings and trainings.</p>