



CMHSP CLINICAL RECORD REVIEW

MSHN Monitoring of CMHSP's – Clinical Chart Review	
CMSHP: Select a CMHSP.	Date of review: Click or tap to enter a date.
Consumer Name:	CMHSP Case #:

	Standard/Requirement	Source(s) Evidence of Compliance May Include:	Review Guidelines for Review Team	Provider to Complete: list evidence provided and location
1	Intake/Assessment			
1.1	Is there a copy of the Initial Assessment (if open for less than one year) or timely Re-Assessment (if open for more than one year) in the file?	Medicaid Provider Manual: Mental Health/Substance Abuse Chapter; Section 3.3 Code of Federal Regulations: 438.208(c)(2) & 438.208(c)(3)(v)	SEDW sub-scores on CAFAS are consistent with notes and assessments in the record Waiver Programs: LOC evaluations are completed accurately If this is an updated assessment, was information updated? Annual LOCUS, Nursing, Assessment/Medical Information, Improvement/Decompensation Reflected?	
1.2	Are consumer's needs & wants are documented?	MDHHS Person-Centered Planning Practice Guideline		

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1.3	Consumer chart reflects input and coordination with others involved in treatment?	Code of Federal Regulations: 438.208(b)(1); 438.208(b)(2); 438.208(b)(3) Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Person Centered Planning Policy and Practice Guidelines	*Please note potential health & safety issues for non-coordination of care. Information from other treatment providers is not always known at time of assessment (particularly initial assessment); however, the consumer chart contains evidence of CMHSP efforts to coordinate care and obtain input. Evidence may include progress notes, non-billable contact notes, coordination letters, records requests to other providers, etc.	
1.4	Present and history of behavior and/or symptoms are documented and specify if observed or reported	Medicaid Manual, 2.5 B Determination Criteria, R 330.1141		
1.5	Substance use (current and history) included in assessment?	MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract, Access System Standard Guidelines		

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1.6	Current physical health conditions are identified?	MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract	*Please note potential health & safety issues for non-coordination of care.	
1.7	Current health care providers are identified?	MDHHS Access System Standards		
1.8	Previous behavioral health treatment and response to treatment identified?	MDHHS Person-Centered Planning Practice Guideline MDHHS Inclusion Practice Guideline Medicaid Manual (Psychiatric Evaluation/Assessment Section)		
1.9	Present and history of trauma is screened for and identified (abuse, neglect, violence, or other sources of trauma) using a validated, population-appropriate screening tool?	BHDDA Trauma Policy		
1.10	Did crisis screening and other life domain needs screening occur?	MDHHS Access System Standards R 330.7199 MDHHS Person Centered Planning Guidelines		
1.11	Was consumer offered the opportunity to develop a Crisis Plan? .	MDHHS Customer Service Standards	*Please note potential health & safety issues for non-coordination of care. *If risk of harm to self or others has been identified a crisis plan	

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			must be completed and present in record. *For recipients of home- based services, a crisis plan must be completed.	
1.12	CWP Only: Child is developmentally disabled.	MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract, Medicaid Manual, Medicaid Subcontract	1. Three or more areas of substantial functional limitations are identified. Within the last 12 months, assessments have been completed and/or supporting documentation obtained that reflect all of the consumer's current functional abilities and any current substantial functional limitations identified in the areas of self-care, understanding and use of language (expressive and receptive), learning (functional academics), mobility, and self- direction. For consumers age 16 and older, functional abilities and	

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			any current substantial functional limitations are identified in the areas of capacity for independent living and economic self-sufficiency. Or 2.If the consumer is a minor from birth to age 9, documentation is provided of a related condition and the current rationale to support a high probability of developing a developmental disability.	
1.13	CWP Only The child is in need of active treatment.	MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract, Medicaid Manual, Medicaid Subcontract	Chart documentation should include Within the last 12 months, assessments have been completed of the need for health and rehabilitative services designed to assist the consumer in acquiring, retaining, and improving the self-help, socialization and adaptive skills necessary to reside	

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			successfully in home and community based settings	
2	Pre- Planning			
2.1	Did pre-planning occur prior to Person-Centered Planning meeting or the development of a plan?	MDHHS Person-Centered Planning Practice Guidelines	Was sufficient time given to take all needed actions (e.g. invite desired participants)? If the pre-plan occurred same day as planning meeting, is there documentation as to why?	
2.2	Pre-planning addressed when and where the meeting will be held.	MDHHS Person-Centered Planning Practice Guidelines	Preplan documentation includes decision for when & where meeting is held. If preplan occurs same day as planning meeting, is there justification for why, i.e. consumer requested the preplan occur same day as meeting.	
2.3	Pre-planning addressed 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).	MDHHS Person-Centered Planning Practice Guidelines	were all relevant parties invited and/or considered for the meeting, i.e. doctor/nurse/psychiatrist /etc. If any party was not included/invited, is there	

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			documentation to justify reasoning, i.e. CM collected information on behalf of psychiatrist & will include psychiatric feedback in planning.	
2.4	Pre-planning identified any potential conflicts of interest or potential disagreements that may arise during the PCP for participants in the planning process and making a plan for how to deal with them.	MDHHS Person-Centered Planning Practice Guidelines	Preplan includes documentation of what will and/or will not be discussed.	
2.5	Pre-planning addressed the specific PCP format or tool chosen by the person to be used for PCP.	MDHHS Person-Centered Planning Practice Guidelines	<p>If applicable, the format/tool chosen by the consumer is uploaded into EMR and/or documented on the PCP Pre-plan template.</p> <p>Options may include:</p> <ul style="list-style-type: none"> • MAPS (McGill Action Planning System) • Essential Lifestyle Planning • PATH (Planning Alternative 	

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			<p>Tomorrows with Hope)</p> <ul style="list-style-type: none"> • Personal Futures Planning • Others <p>Scored NA and/or interim standard- not to be counted against provider during 2019 review period.</p>	
2.6	Pre-planning addressed what accommodations the person may need to meaningfully participate in the meeting (including assistance for individuals who use behavior as communication).	MDHHS Person-Centered Planning Practice Guidelines	Standard is based on individualized need. If there is any question, discuss with CMHSP prior to scoring and/or score NA & offer guidance for 2020 reviews. *This standard should not negatively impact CMHSP score.	
2.7	Pre-planning addressed who will facilitate the meeting.	MDHHS Person-Centered Planning Practice Guidelines		
2.8	Pre-planning addressed who will take notes about what is discussed at the meeting.	MDHHS Person-Centered Planning Practice Guidelines		
2.9	When Applicable (Autism, Self-Determination, Waiver, Home-Based, CWP):	Medicaid Manual MDHHS Person-Centered Planning Practice Guidelines	Evidence may include: 1. Administrative records policies and procedures,	

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	Evidence enrollee had an ability to choose among various waiver services.		2. Individual records. 3. Consumer/Family interviews (PM-D-9)	
2.10	When Applicable (Autism, Self-Determination, Waiver, Home-Based, CWP): Evidence enrollee had an opportunity to choose their providers.	MDHHS Person-Centered Planning Practice Guidelines MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract, Medicaid Manual, Medicaid Subcontract	CWP- Parent/guardian signature on the certification form	
3	Person Centered Planning /Individual Plan of Service			
3.1	The IPOS must be prepared in person-first singular language and can be understandable by the person with a minimum of clinical jargon or language.	MDHHS Person-Centered Planning Practice Guidelines Consumerism Practice Guideline		
3.2	The IPOS includes the following components described below: A description of the individual's strengths, abilities, plans, hopes, interests, preferences and natural supports.	MDHHS Person-Centered Planning Practice Guidelines		
3.3	The community and outcomes identified by the person and how progress toward achieving those outcomes will be measured.	MDHHS Person-Centered Planning Practice Guidelines		
3.4	The services and supports needed by the person to work toward or achieve his or her outcomes including those available	MDHHS Person-Centered Planning Practice Guidelines Consumerism Practice Guideline	The PCP Policy and Practice Guidelines no longer identifies	

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	through the CMHSP, other publicly funded programs, community resources, and natural supports.		“ongoing” as part of this. It may be helpful for MSHN to define “ongoing.”	
3.5	The setting in which the person lives was chosen by the person and what alternative living settings were considered by the person. The chosen setting must be integrated in and support full access to the greater community, including opportunities to seek employment & work in competitive integrated settings, engage in community life, control person resources, and receive services in the community to the same degree of access as individuals not receiving services and supports from the mental health system.	MDHHS Person-Centered Planning Practice Guidelines	Was the consumer able to choose the setting? If no, is there justification as to why, e.g. no available homes that can accommodate individual’s needs, etc. Reviewer would know what to look for via assessment documentation. Assessment should include current residence, any changes to residence, reason for change(s), etc. Setting should meet consumer’s wants/needs and/or CMHSP should work with consumer on alternative options. Scoring NA is acceptable Discuss with provider if there is any question.	

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3.6	The amount, scope, and duration of medically necessary services and supports authorized by and obtained through the community mental health system.	MDHHS Person-Centered Planning Practice Guidelines		
3.7	Documentation that the IPOS prevents the provision of unnecessary supports or inappropriate services and supports.	MDHHS Person-Centered Planning Practice Guidelines	If there is a question/concern about supports and services, work with provider. Did the provider document discussion(s) about the appropriateness of services & supports? Was an alternative plan discussed?	
3.8	There is documentation of any restriction or modification of additional conditions & documentation includes: <ol style="list-style-type: none"> 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, 	MDHHS Person-Centered Planning Practice Guidelines		

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	<p>that have been tried, but were not successful.</p> <ol style="list-style-type: none"> 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. 			
3.9	The services which the person chooses to obtain through arrangements that support self-determination.	<p>MDHHS Person-Centered Planning Practice Guidelines Medicaid Provider Manual: Mental Health/Substance Abuse Chapter; Section 2: Program Requirements</p>		

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3.10	The estimated/prospective cost of services and supports authorized by the CMHSP	MDHHS Person-Centered Planning Practice Guidelines MDHHS Technical Advisory for Estimated Cost of Services		
3.11	Signature of the person and/or representative, his or her case manager or support coordinator, and the support broker/agent (if one is involved).	R330.7199 (Written Plan of Service) Medicaid Provider Manual: Mental Health/Substance Abuse Chapter; Section 2: Program Requirements		
3.12	The plan for sharing the IPOS with family/friends/caregivers with the permission of the person.	MDHHS Person-Centered Planning Practice Guidelines	Did the CMHSP document who/how/when the plan will be shared? Was consent obtained?	
3.13	A timeline for review.	Michigan Administrative Code: R330.7199 (Written Plan of Service)		
3.14	Accommodations available for individuals accessing services who experience hearing or vision impairments, including that such disabilities are addressed in clinical assessments and service plans as requested by the person receiving services			

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3.15	If applicable, the IPOS addresses health and safety issues.	MDHHS Person-Centered Planning Practice Guidelines	*Please note potential health & safety issues for non-coordination of care.	
3.16	If applicable, identified history of trauma is effectively addressed as part of PCP.	BDHHA Trauma Policy		
3.17	For children's services: The plan is family-driven, and youth guided.	Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver MDHHS Person-Centered Planning Practice Guidelines Family Driven and youth Guided Policy and Practice Guideline Michigan Administrative Code: R330.7199 (Written Plan of Service) Medicaid Provider Manual: Mental Health/Substance Abuse Chapter; Section 7.1		
3.18	Autism Only: Beneficiaries IPOS addresses the needs. A. As part of the IPOS, there is a comprehensive individualized ABA behavioral plan of care that includes specific targeted behaviors for improvement, along with measurable,	MDHHS Medicaid Provider Manual		

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	<p>achievable, and realistic goals for improvement.</p> <p>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.</p>			
3.19	<p>For Crisis Residential:</p> <ul style="list-style-type: none"> • IPOS is developed within 48-hours of admission. • Includes discharge planning information & need for aftercare/follow-up services • Includes case manager • If stay exceeds 14-days, interdisciplinary team develops a subsequent plan based on comprehensive assessments 	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6		

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3.20	Was the consumer/guardian given a copy of the Individual Plan of Service within 15 business days?	MDHHS Person-Centered Planning Practice Guidelines		
3.21	Consumer has ongoing opportunities to provide feedback on satisfaction with treatment, services, and progress towards valued outcomes?	MDHHS Person-Centered Planning Practice Guidelines Consumerism Practice Guideline		
4	Documentation			
4.1	Consumer was provided written information related to Recipient Rights?	Code of Federal Regulations 438.10 (Information Requirements) and 438.100 (Enrollee Rights) PIHP Customer Services Standards Grievance and Appeal Technical Requirement		
4.2	Was consumer was informed of Informal Conflict Resolution?	Code of Federal Regulations 438.100 MDHHS Person-Centered Planning Practice Guidelines PIHP Customer Service Standards		
4.3	Consumer was given accurate and timely information about the Grievance and Appeal Process?	Code of Federal Regulations 438.10 (Information Requirements) and 438.100 (Enrollee Rights) PIHP Customer Services Standards	How often?	

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5	Customer Service			
5.1	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?	PIHP Customer Service Standards		
5.2	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 72 hours 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.	PIHP Customer Service Standards		
5.3	Reasons for decisions are clearly documented and available to the recipient.	PIHP Customer Service Standards		
5.4	The involved provider is informed verbally or in writing of the action if a service authorization request was denied	PIHP Customer Service Standards		

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	or services were authorized in an amount, duration or scope that was less than requested.			
5.5	A second opinion from a qualified health care professional within or outside the network is available to consumers upon request, at no cost to the consumer.	PIHP Customer Service Standards R 330.7005		
6	DELIVERY AND EVALUATION			
6.1	Are services being delivered consistent with plan in terms of scope, amount and duration?	Medicaid Provider Manual		
6.2	Monitoring and data collection on goals is occurring according to time frames established in plan?	Medicaid Provider Manual		
6.3	Are periodic reviews occurring according to time frames established in plan?	Medicaid Provider Manual		
7	PROGRAM SPECIFIC SERVICE DELIVERY			
7.1	For ACT services: a. all members of the team routinely have contact with the individual b. right to withdraw consent c. majority of services occur in consumer home or community	Michigan Medicaid Manual		
7.2	For medication services:	Medicaid Provider Manual		

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	<ul style="list-style-type: none"> informed consent was obtained for all psychotropic medication evidence consumer informed of their right to withdraw consent at any time 			
7.3	Is there a physician prescription or referral for each specialized service (Physical Therapy, Occupational Therapy, Speech Therapy, etc.)?	Medicaid Provider Manual	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.)	
7.4	Is there direct access to a specialist, as appropriate for the individual's health care condition?	Code of Federal Regulations: 438.208 (4)		
7.5	Is there evidence of outreach activities following missed appointments?	MDHHS Recovery Policy & Practice Advisory		
7.6	Is there evidence of coordination with Primary Care Physician in the record? If not, is there evidence of referral to a PCP? If client declined referral, is there documentation of client decline?	Code of Federal Regulations: 438.208(b) PIHP Customer Services Standards	*Please note potential health & safety issues for non-coordination of care.	
7.7	For Home Based Services: Services are provided in the family home or community to an expected/acceptable frequency.	Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1	Guidance: Chart verification via progress notes that indicate services are being offered	

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			both within the home and within the community.	
7.8	For Home Based Services: 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	Guidance: Chart verification via progress notes.	
7.9	For Self-Determination: There is a copy of the SD Budget	SD P&PG, Policy § II. A	Guidance: Copy of Budget is considered evidence of compliance.	
7.10	There is a copy of the SD Agreement	SD P&PG, Policy § II. E	Guidance: Copy of Self Determination Agreement	
7.11	There is evidence that individual has assistance selecting, employing, and directing & retaining qualified providers.	SD P&PG, Policy § IV. Guidance: Review file for evidence of hiring own staff for providers or agency with choice model; education materials/training materials provided; etc.		
7.12	For Crisis Residential: If stay exceeds 14-days, the interdisciplinary team developed a subsequent plan based on comprehensive assessments.	Medicaid Provider Manual		

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7.13	For Autism Benefit/Applied Behavioral Analysis: 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		
7.14	For Autism Benefit/Applied Behavioral Analysis: 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		
7.15	For Autism Benefit/Applied Behavioral Analysis: 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 MSA 1559 Policy		
7.16	For Autism Benefit/Applied Behavioral Analysis: Observation Ratio: Number of Hours of ABA observation during a quarter are \geq to 10% of the total service provided.	MSA 1559 Policy		
7.17	For Habilitation Supports Waiver:	Medicaid Provider Manual		

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	Record contains a copy of the certification form, signed by the local CMHSP representative.			
7.18	For all applicable Waiver Programs: The IPOS was reviewed both at intervals specified in the IPOS and when there were changes to the waiver participant's needs.	MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract, Medicaid Manual, Medicaid Subcontract	Evidence: IPOS is updated if assessments/quarterly reviews/progress notes indicate there are changes in the child's condition).	
7.19	For all applicable Waiver Programs: The IPOS is updated at least annually/365 days For 1915(i)- formal review of plan with individual and/or guardian completed.	Medicaid Provider Manual	CWP- Annually HSW 365 1915(i) annually	
7.20	For all Waiver Programs: Individual provided information/education on how to report abuse/neglect/exploitation and other critical incidents.	Medicaid Provider Manual	Evidence may include: Date(s) of progress notes, provider notes that reflect this information.).	
7.21	For all Waiver Programs: Individual served received health care appraisal.	Medicaid Provider Manual	Evidence may include: Date/Document confirming	
7.22	For Children's Waiver: Physician-signed and dated prescriptions for locally authorized waiver durable medical equipment and supplies are in file.	Medicaid Provider Manual	Evidence: Chart documentation	

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7.23	For All Applicable Services: There is evidence of corrective action implementation.			
8	Discharge /Transfers			
8.1	For closed cases, was the discharge summary/transfer completed in a timely manner? (consistent with CMSHP policy)	PIHP / MDHHS Contract Medicaid Provider Manual		
8.2	Does the discharge/transfer documentation include: a. Statement of the reason for discharge; and b. Individual's status /condition at discharge	Medicaid Provider Manual 42 CFR 438.208(b)(2)(i) MCL 330.1712 Reporting Requirements for BH-TEDS		
8.3	Does the discharge record include a plan for re-admission to services if necessary?	Medicaid Provider Manual		
8.4	Does the documentation include: a. Recommendations. b. Referrals; and c. Follow up contacts	Medicaid Provider Manual	*Please note potential health & safety issues for non-coordination of care.	
9	Integrated Physical and Mental Health Care			
9.1	The CMHSP encourages all consumers eligible for specialty mental health services to receive a physical health assessment including identification of the primary health care home/provider, medication history, identification of	MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract		

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	current and past physical health care and referrals for appropriate services.			
9.2	As authorized by the consumer, the CMHSP includes the results of any physical health care findings that relate to the delivery of specialty mental health services and supports in the person-centered plan.	MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract		
9.3	The CMHSP will ensure that a basic health care screening, including height, weight, blood pressure, and blood glucose levels is performed on individuals who have not visited a primary care physician, even after encouragement, for more than 12 months. Health conditions identified through screening should be brought to the attention of the individual along with information about the need for intervention and how to obtain it.	MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract		