

MSHN Monitoring of Delegated Functions – Admin/Managed Care Functions

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
1.1	<p>INFORMATION (CUSTOMER SERVICES) Information Requirements and Notices: The CMHSP shall provide the following information to all consumers:</p> <p>Names, locations, telephone numbers of, and non-English languages spoken by current providers in the consumer’s service area, including information at least one provider when determined needed or requested.</p>	MDHHS contract, 42 CFR Part 2 438.10(f)(6)(i)	Member Handbook, Provider Choice Listing, other related documentation		
1.2	All informational materials, including those describing consumer rights, service requirements and benefits are provided in a manner and format that may be easily understood. Informational materials are written at the 6.9 grade reading level when possible (i.e., it may be necessary to include medications, diagnoses and conditions that do not meet criteria).	42 CFR. 438.10(b)(1); 42 CFR 438.10(d)(1)(i); MDHHS Contract. 42 CFR 438.10(b)(3)	Method used to ensure the readability level. Report/tracking of verifying reading level		
1.3	Written materials are available in alternative formats that consider the special needs of the consumer, including those with vision impairments or limited reading proficiency as required by the ADA	42 CFR 438.10(d)(1)(ii); MDHHS Contract, MDHHS Customer Service Standards	Samples of written materials in alternative formats, Copy of policy/procedure. Reference materials on language needs of community.		
1.4	A policy and/or procedure is in place for accessing the language needs of individuals served.	42 CFR 438.10(c)(4); MDHHS Contract	Copy of policy/procedure. Reference materials on language needs of community.		

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1.5	Written materials, including information developed by the PIHP, are available in the prevalent non-English languages of the service area (spoken as the primary language by more than 5% of the population in the PIHPs Region).	42 CFR 438.10(d) (1)(ii); MDHHS Contract	Samples of written materials in languages meeting LEP requirements		
1.6	Oral interpretation of all languages is available free of charge	MDHHS Customer Service Standards, 42 CFR 438.10(c)4	Policy, contract for language interpreter, Member Handbook		
1.7	<p>The following information is provided to all consumers within a reasonable time after notice of the consumer's referral:</p> <ul style="list-style-type: none"> a) Names, any group affiliation, website, specialty, cultural capability, non-English language spoken, appropriate accommodations for physical disabilities, locations and telephone numbers of current providers. This includes at a minimum information about case managers, psychiatrists, primary therapists, etc., and any restrictions on the consumer's freedom of choice among providers; b) Amount, duration and scope of services available in sufficient detail to ensure that consumers understand the services to which they are entitled; c) Procedures for obtaining services including authorization requirements; d) Extent to which, and how, recipients may obtain benefits for out-of-network providers; e) Extent of and how after-hours crisis services are provided; including definitions and locations of emergency and post-stabilization services and the right to access such services; f) Consumer rights and protections, including information about the right to a State Fair Hearing, the right to file 	MDHHS Contract	Member Handbook or other related material		

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	<p>grievances and appeals, the requirements and time frames for filing a grievance or appeal, the availability of assistance in the filing process, the toll-free numbers that consumers can use to file a grievance or an appeal by phone, and the fact that benefits can continue if requested by consumer pending a hearing decision;</p> <p>g) Any cost-sharing and how to access any other benefits available under the state plan but not covered in contract;</p> <p>h) Additional information is available upon request, regarding the PIHP operational structure and physician incentive plans;</p> <p>i) Consumers are notified of their right to receive all required information at least once per year. Provider Member Handbook Annually</p>				
1.8	Written notice of a significant change in its provider network including the addition of new providers and planned termination of existing providers is provided to each beneficiary.	42 CFR 438.10(d)(1)(ii); MDHHS Contract, MDHHS Customer Service Standards	Policy or description of how changes to provider network are communicated.		
1.9	Good faith effort to give written notice of termination of a contracted provider, within 15 days after receipt or issuance of the termination notice, to each beneficiary who received his or her primary care from, or was seen on a regular basis by, the terminated provider.	42 CFR 438.10(d)(1)(ii); MDHHS Contract	Policy or description of written notice of termination.		
1.10	The CMHSP has a written advance directives policy and procedures.	42 CFR 422.128(a)	Policy, procedures		
1.11	The advance directives policy requires that there is documentation in a prominent part of the beneficiary's current medical record as to whether or not the beneficiary has executed an advance directive.	42 CFR 422.128 (b)(1)(ii)(E)	Policy, procedures		

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1.12	The CMHSP provides all adult beneficiaries with written information on advance directives policies, including a description of applicable State laws. This includes information on the beneficiary's right to make decisions concerning his or her medical care, including the right to accept or refuse treatment, and the right to formulate advance directives.	42 CFR 438.6(i)(3); 422.128(b)(1)(ii)(B)	Policy, related written materials, Advance Directive brochure, Member Handbook		
ENROLLEE RIGHTS AND PROTECTIONS (CUSTOMER SERVICE)					
2.1	ENROLLEE RIGHTS AND PROTECTIONS (CUSTOMER SERVICE) The CMHSP maintains an office(s) of Enrollee Rights and Recipient Rights in compliance with federal and state statutes.	Mental Health Code Act 258 of 1974 - 330.1755(1)	Contact information provided, flyers, brochures		
2.2	Local communication with consumers regarding the role and purpose of the PIHP's Customer Services and Recipient Rights Office.	MDHHS Contract 6.3, Customer Service Standards	Flyers, brochures, Policy/Procedures, other related documentation, Member Handbook		
2.3	Consumers are allowed to choose their health care professional(s) to the extent possible and appropriate.	42 CFR 438.6(m); MDHHS Contract, Customer Service Standards	Policy language and/or other written materials related to consumer choice of treatment professional; Member Handbook		
2.4	Policies and member materials include the enrollee's right to be treated with respect and due consideration of his or her dignity and privacy.	42 CFR 438.100(b)(2)(ii); 42 CFR 160 and 164	Recipient Rights brochures, Member Handbook		
2.5	Policies and member materials include the enrollee's right to receive information about available treatment options and alternatives, presented in a manner appropriate to the enrollee's condition and ability to understand.	42 CFR 438.100(b)(2)(iii)	Recipient Rights brochures, polices/procedures, Member Handbook		
2.6	A CMHSP not electing to provide, reimburse for, or provide coverage of, a counseling or referral service based on objections to the	42CFR438.10(f)(6)(xii)	Policy Language or description of		

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	service on a moral or religious ground must furnish information about the services it does not cover as follows: <ul style="list-style-type: none"> • Inform the PIHP prior to any action • To potential enrollees, before and during enrollment; and • To enrollees, within 90 days after adopting the policy with respect to any particular service, with the overriding rule to furnish the information 30 days before the policy effective date. 		information about the service it does not cover		
2.7	The CMHSP policies provide the enrollee the right to participate in the decisions regarding his or her healthcare, including the right to refuse treatment.	42 CFR 438.100(b)(2)(iv)	Recipient Rights brochure, language in IPOS, policy, Member Handbook		
2.8	The CMHSP policies and member materials will provide enrollees the right to be free from any form of coercion, discipline, convenience or retaliation.	42 CFR 438.100(b)(2)(v)	Recipient Rights brochure, language in IPOS, policy, Member Handbook		
2.9	The CMHSP ensures that consumers are free to exercise their rights in a manner that does not adversely affect their services.	42 CFR 438.100 (3)(c); 42 CFR 438.210	Recipient Rights brochure, policy language, Member Handbook		
24/7/365 Access					
3.1	24/7/365 Access for All Populations including adults and children with developmental disabilities, mental illness, and co-occurring mental illness and substance use disorder. CMHSP staff provides all individuals with a welcoming access experience.	MDHHS Access System Standards Technical Requirement <i>CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #1</i>	Policy/Procedure Access Staff Training Consumer Feedback		
3.2	For non-emergent calls, a person's time on-hold awaiting a screening does not exceed 3 minutes without being offered an option for callback or talking with a non-professional in the interim.	Access System Standards Technical Requirement	Policy, procedure, call logs, Evidence of monitoring telephone answering rates, call abandonment rates		

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3.3	All non-emergent callbacks occur within one business day of initial contact	Access System Standards Technical Requirement	Policy, procedure, call logs		
3.4	Individuals with routine needs are screened or other arrangements made within 30 minutes	Access System Standards Technical Requirement	Policy, procedure, call logs		
3.5	Individuals approaching the access system receive timely and appropriate crisis intervention services.	Technical Requirement <i>CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #2</i>	Policy/Procedure Logs documenting date inquiries received/date CI services obtained		
3.6	Individuals approaching the access system are informed of available service options and how to access services	Access System Standards Technical Requirement <i>CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #3</i>	Policy/Procedure, Resource guide		
3.7	Initial/provisional eligibility and level of care determination is made by conducting a professional screening	Access System Standards Technical Requirement <i>CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #4</i>	Policy/Procedure, Screening Tool		
3.8	Short-term plan is developed; warm handoff (linking via direct connection) to services for which individuals have been screened and eligible to receive.	Access System Standards Technical Requirement <i>CMHSP Responsibilities for 24/7/365 Access for</i>	Policy/Procedure Evidence of direct connection, Documentation of short-term plan and indication of follow-up on the next business day		

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		<i>Individuals w/ Primary SUD #5</i>			
3.9	Access staff facilitate the admission of individuals who appear to require detox services; ensure the health and safety of all individuals	Access System Standards Technical Requirement <i>CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #6</i>	Policy/Procedure, Referral logs		
3.10	Required demographics, clinical/functional information is documented in PIHP Managed Care Information System	Access System Standards Technical Requirement <i>CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #7</i>	Policy/Procedure, MCIS entry review		
3.11	Referrals to SUD care providers are appropriate based on the screening	Access System Standards Technical Requirement <i>CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #8</i>	Policy/Procedure, Referral logs		
3.12	Access staff follow up with individuals who made contact within two (2) business days to ensure services needs have been met or to re-engage if referral connections have not been met	Access System Standards Technical Requirement <i>CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #9</i>	Policy/Procedure, Referral logs		
3.13	CMHSP provides initial support and response to consumer complaints, including rights complaints and grievances	Access System Standards Technical Requirement	Policy/Procedure, Grievances/Complaints documentation		

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		<i>CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #10</i>			
3.14	CMHSP access system works with receiving providers to ensure service priority expectations for sub-populations: <ul style="list-style-type: none"> • Pregnant Injecting Drug Users • Pregnant, Other Substance Use Disorder • Injecting Drug User • Parent(s) at Risk of Losing Children • Individuals under MDOC supervision 	Access System Standards Technical Requirement <i>CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD</i>	Policy/Procedure, Meeting Minutes, Memos		
3.15	CMHSP works in concert with SUD providers to ensure: <ul style="list-style-type: none"> • Phone system linkages during non-business hours • Written protocols are established for after-hours referrals Local first responders, hospitals, and other potential referral sources are informed of availability of after-hours access services	Access System Standards Technical Requirement <i>CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD</i>	Policy/Procedure, Meeting Minutes, Memos		
3.16	CMHSP engages with community coalitions and other SUD prevention collaborative by: <ul style="list-style-type: none"> • Assigning responsibility for one or more CMSHP employed individual to perform the function • Identify opportunities where existing MH prevention efforts can be expanded to integrate SUD prevention General community education and awareness related to BH prevention, access, and treatment including outreach	Access System Standards Technical Requirement <i>CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD</i>	Meeting Minutes Identified Staff/Job Description Sample Outreach Documentation Evidence of Collaboration		

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3.17	State standards are met for timely access to care and services taking into account the urgency of need for service.	42 CFR 438.206(c)(1)(i); MDHHS Access Standards	Screening Documentation, Policy/Procedure		
3.18	The CMH has mechanisms in place to prevent conflict of interest between the coverage determination function and access to, or authorization of services.	MDHHS Access standards	Policy, procedures		
Provider Network Sub-Contract Providers					
4.1	Provider Network Sub-Contract Providers The CMHSP maintains a network of appropriate providers that is supported by contracts.	42 CFR 438.206(b)(1) MDHHS/PIHP Master Agreement	Local policy/procedure, provider network list		
4.2	The network of providers is sufficient to provide adequate access to all services covered under the contract with the PIHP, based upon: <ul style="list-style-type: none"> the anticipated number of referrals from the PIHP the expected utilization of services taking into consideration the characteristics and health care needs of local populations; the numbers and types (in terms of training, experience, and specialization) of providers required to furnish the contracted services; and the geographic location of providers and consumers, considering distance, travel time, the means of transportation ordinarily used by consumers, and 	42 CFR 438.206(b)(1) MDHHS/PIHP Master Agreement 42 CFR 438.214.	Local policy/procedure provider network list		

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	whether the location provides physical access for people with disabilities.				
4.3	If the CMHSP is unable to provide necessary medical services covered under the contract to a particular consumer, the CMHSP adequately and timely covers these services out of network.	42 CFR 438.206(b)(4); MDHHS/PIHP Master Agreement	Local policy/procedure		
4.4	The CMHSP coordinates with out-of-network providers with respect to payment and ensures the cost to the consumer is no greater than it would be if the services were furnished within the network.	42 CFR 438.206(b)(5)	Local Policy/Procedure		
4.5	Negotiate contracts between the CMHSP/CA and providers based on a procurement method that meets state and federal standards and in accordance with PIHP policy	MDHHS/PIHP Master Agreement	Local Procurement Policy		
4.6	The CMHSP manages procurement of local providers sufficient to fulfill all PIHP delegated activities and to meet identified needs, including recruitment of staff (or contracted) interpreters, translators, and bilingual/bi-cultural clinicians	42 CFR 438.206(c)(2); MDHHS/PIHP Master Agreement	Local Policy/Procedure Procurement policy		
4.7	The CMHSP has an established process for monitoring the performance of each subcontracted provider relative to the contract. The monitoring process will minimally assess performance and compliance indicators established by the PIHP, deemed status and reciprocity by other CMSHPs in the region.	2 CFR 438.206(b)(1) MDHHS/PIHP Master Agreement 42 CFR 438.214.	Local Network Monitoring Policy		
4.8	The CMHSP has established and implemented a local level process for	MDHHS/PIHP Master Agreement	Local Policy/Procedure Provider review tool		

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	soliciting network provider feedback and/or complaints.				
4.9	The CMHSP shall have an effective provider appeal process to promptly and fairly resolve disputes.	MDHHS/PIHP Master Agreement	Local Policy/Procedure Contract Language		
4.10	The CMHSP has a process for ensuring that contractual providers comply with all applicable requirements concerning the provision of culturally competent services	42 CFR 438.206('c)(2)	Local Policy/Procedure Contract Language		
4.11	Provider performance reports are available for review by individuals, families, advocates, and the public.	MDHHS/PIHP Master Agreement	Local Policy/Procedure Agency website		
4.12	The entire service array for individuals with developmental disabilities, mental illness, or a substance abuse disorder, including (b)(3) services, are available to consumers who meet medical necessity criteria.	MDHHS/PIHP Master Agreement	Local Policy/Procedure Consumer handbook		
4.13	At the time of enrollment and re-enrollment, CMHSPs must search the OIG exclusion database to ensure contractor and any individuals with ownership or control interests in the provider entity have not been excluded from participating in federal health care programs. The CMHSP shall search the OIG exclusions database monthly to capture exclusions and reinstatements that have occurred since the last search, or at any time providers submit new disclosure information	MSHN Background Check and PSV policy	Evidence of OIG monitoring at the time of enrollment or re-enrollment and monthly thereafter		
4.14	The CMHSP utilizes standardized template(s) for contracts and monitoring as is applicable.	MSHN Contract/OPS Council Key Decisions 2018-07	FI/FMS Contract/Monitoring IPU Contract/Monitoring Autism Contract/Monitoring		
4.15	A copy of grievance, appeal and fair hearing requirements and timeframes are given to	42 CFR 438.414; MDHHS Contract	Provider manual, Contract		

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	each provider when they join the provider network.				
4.16	CMHSP subcontracts, as applicable, contain advance directives requirements appropriate to the subcontract	42.CFR 422.128(b)(1)(i)	Contract language, policy/procedure referenced in contract		
SERVICE AUTHORIZATION & UTILIZATION MANAGEMENT (UTILIZATION MANAGEMENT)					
5.1	<p>SERVICE AUTHORIZATION & UTILIZATION MANAGEMENT (UTILIZATION MANAGEMENT)</p> <p>A utilization management program is in operation. The written utilization management program description includes:</p> <ul style="list-style-type: none"> procedures to evaluate clinical necessity, and the process used to review and approve the provision of clinical services, mechanisms to identify and correct under-utilization as well as over utilization, and preauthorization, concurrent and retrospective procedures. Arbitrary denial or reduction of the amount, duration or scope of a required service solely because of a consumer's diagnosis, type of illness or condition is prohibited. <p>Any service limits imposed are appropriate and restricted to criteria such as medical necessity or for utilization control, provided the services furnished can reasonably be expected to achieve their purpose.</p>	42 CFR 438.210(a)(3)(ii); 42 CFR 438.210(a)(3)(iii)	Policy/procedure		
5.2	<p>Initial approval or denial of requested service:</p> <ul style="list-style-type: none"> Initial assessment for and authorization of psychiatric inpatient services Initial assessment for and authorization of psychiatric partial hospitalization services 	MDHHS Contract	Policy/procedure		

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	<ul style="list-style-type: none"> Initial and ongoing authorization of services to individuals receiving community-based services Grievance and Appeals, Second Opinion management, coordination and notification <p>Communication with consumers regarding UM decisions, including adequate and advance notice, right to second opinion and grievance and appeal</p>				
5.3	Local-level Concurrent and Retrospective Reviews of Authorization and Utilization Management decisions/activities to internally monitor authorization decisions and congruencies regarding level of need with level of service are consistent with PIHP policy, standards and protocols.	MDHHS Contract	Policy/procedure		
5.4	Mechanisms are in effect to ensure consistent application of review criteria for authorization decisions;	42 CFR 438.210(b)(2)	CMHSP UM Plan Policy & procedure for authorization decisions		
5.5	Review decisions are supervised by qualified medical professionals.	MDHHS Contract, Quality Assessment and Performance Improvement Programs For Specialty Pre-Paid Inpatient Health Plans	Policy/procedures Sample of review decision(s), if applicable		
5.6	<ul style="list-style-type: none"> Decisions to deny or authorize service in an amount, duration or scope that is less than requested are made by a health care professional who has the appropriate clinical expertise in treating the consumer's condition or disease; The CMHSP provides Medicaid consumers with written service authorization decisions no later than 	42CFR438.404(b)(2) 42CFR438.404(b)(3) 42 CFR 438.210(c); MDHHS Contract	Policy, procedure, reporting/tracking mechanism to track timeframes of notices		

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	<p>14 calendar days following receipt of a request for service authorization, unless the PIHP has authorized an extension;</p> <ul style="list-style-type: none"> 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. Reasons for decisions are clearly documented and available to the recipient. 				
5.7	The involved provider is informed verbally or in writing of the action if a service authorization request was denied or services were authorized in an amount, duration or scope that was less than requested.	42CFR438.404(b)(2) 42CFR438.404(b)(3) 42 CFR 438.210(c); MDHHS Contract	Policy/procedure(s)		
GRIEVANCE & APPEALS (CUSTOMER SERVICE)					
6.1	<p>GRIEVANCE & APPEALS (CUSTOMER SERVICE)</p> <p>There are publicized and available grievance and appeal mechanisms for providers and consumers.</p>	MDHHS Contract	Policy, notification letters, evidence of written materials related to appeal mechanisms		
6.2	Notification of a denial is sent to both the consumer and the provider. This notification of a denial includes a description of how to file an appeal.	MDHHS Contract	Notification of denial letter, policy, related written materials		
6.3	Incentives are not present for the denial, limitation or discontinuation of services to any consumer	42 CFR 438.210(e)	Policy, Member Handbook, related written materials		

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6.4	Consumers are provided with written adequate notice of action regarding authorization of services: at the time of the decision to deny payment for a service (on the same date the action takes effect); at the time of the signing of the individual plan of services/supports; within 14 calendar days of the request for a standard service authorization if the decision will deny or limit services; and within 72-hours of the request for an expedited service authorization if the decision will deny or limit services.	42 CFR 438.210(c); 42 CFR 438.404; MDHHS Contract	Policy, related written materials		
6.5	Provider must utilize state developed Adverse Benefit Determination provided by MDHHS.	42 CFR 438.404(b), etc.; MDHHS Contract	Policy, procedure, sample notices		
6.6	The Adverse Benefit Determination notice meet the language and alternative format needs of the consumer.	42 CFR 438.404(a), etc.; MDHHS Contract	Policy, related written materials		
6.7	Consumers are provided with written adverse benefit determination within 10 calendar days before the intended action will take effect, when an action is being taken to reduce, suspend or terminate previously authorized services.	42 CFR 438.404(c), etc.; MDHHS Contract	Policy, related written materials		
6.8	Consumers are given reasonable assistance to complete forms and to take other procedural steps to file a grievance, appeal and/or State Fair Hearing request. This includes but is not limited to providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.	42 CFR 438.406(a); MDHHS Contract	Policy, related written materials, ABD template language		
6.9	A local appeal process has been established for Medicaid consumers to appeal action, and consumers are informed of the availability of this process.	42 CFR 438.402(a); MDHHS Contract	Policy, related written materials		

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6.10	An expedited appeal process has been established for Medicaid consumers to appeal an action, and consumers are informed of the availability of this process.	42 CFR 438.410(c); MDHHS Contract	Policy, related written materials		
6.11	If a request for an expedited resolution of an appeal is denied, the CMHSP: <ul style="list-style-type: none"> •Transfers the appeal to the standard resolution time frame. •Initiates reasonable efforts to provide prompt oral notice of the denial. •Provides follow-up written notice to consumer within 2 calendar days. • Resolve the Appeal as expeditiously as the Enrollee’s health condition requires but not to exceed 30 calendar days. 	42 CFR 438.402(a); MDHHS Contract 42 CFR 438.410(c);	Policy, related written materials		
6.12	Receipt of each grievance and appeal is acknowledged.	42 CFR 438.406; MDHHS Contract	Policy, related written materials, copy of acknowledgement letter sent to consumer or provide template if no acknowledgement letter sent		
6.13	A written notice of the disposition of a grievance and appeal is provided and reasonable efforts to provide oral notice of an expedited resolution is made.	42 CFR 438.408; MDHHS Contract	Policy, related written materials, copy of disposition letter sent to consumer or provide template if no disposition letter sent		
6.14	Oral requests for a grievance or local appeal of an action are accepted and confirmed in writing (unless the consumer requests expedited resolution for which oral response is allowed).	42 CFR 438.400; MDHHS Contract	Policy, related written materials		
6.15	Maintain a log of all requests for appeal to allow reporting to the PIHP Quality Improvement Program, which ensures individuals who make the decisions on	42 CFR 438.416; MDHHS Contract	Policy, process, log or log template if have no reported appeals		

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	appeal were not involved in the previous level review or decision-making				
6.16	Maintain a log of all grievances to allow reporting to the PIHP Quality Improvement Program that ensures individuals who make the decisions on appeal were not involved in the previous level review or decision-making.	42 CFR 438.416; MDHHS Contract; 42 CFR 438.405(a)	Policy, process, log or log template if have no reported grievances, sample of quarterly reports submitted to MSHN		
6.17	The content of notices of disposition includes an explanation of the results of the resolution and the date it was completed. When the appeal is not resolved wholly in favor of the consumer, the notice of disposition must also include: <ul style="list-style-type: none"> the right to request a state fair hearing, and how to do so; the right to request to receive benefits while the state fair hearing is pending, if requested within 10 days of the mailing the notice of disposition, and how to make the request; and the consumer may be held liable for the cost of those benefits if the hearing decision upholds the action. 	42 CFR 438.408(d)(2)(i); 42 CFR 438.408(e); MDHHS Contract	Disposition letter, policy, related written materials		
6.18	Medicaid consumers are informed of their right to access to the State Fair Hearing process for appeal of actions, including the 120-calendar day deadline (from the date of notice of an action) for filing a request.	42 CFR 438.414; 42 CFR 438.10(g)(1); MDHHS Contract	Policy, related written materials		
6.19	CMHSP provides acknowledgement of grievance and appeals, Adequate and Advance Notice and disposition of grievance and appeal notices within timeframes specified by and according to MSHN Medicaid Beneficiary Appeals and Grievances Policy.	MDHHS Contract	Policy and/or other related written materials referencing timeliness		

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PERSON-CENTERED PLANNING & DOCUMENTATION STANDARDS (UTILIZATION MANAGEMENT)					
7.1	PERSON-CENTERED PLANNING & DOCUMENTATION STANDARDS (UTILIZATION MANAGEMENT) The right for all individuals to have an Individual Plan of Service developed through a person-centered planning process is clearly communicated to all service recipients.	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure, Handbook & rules for disseminating, Evidence that consumer has received this information		
7.2	Implement person-centered planning in accordance with the MDCH Person Centered Practice Guideline.	MDHHS Person-Centered Planning Practice Guideline MHC 712 Chapter III, Provider Assurances & Provider Requirements	<i>Separate Consumer Chart review for compliance with Person Centered Planning</i> Policy/procedure Internal CMHSP chart audits, peer review of PCP		
7.3	PCP focuses on the person's goals, while still meeting the person's basic needs for food, clothing, shelter etc.	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		
7.4	For minor children, the concept of the PCP is incorporated into a family-driven, youth-guided approach OR there is an accepted/justified reason to exclude family recorded in consumer chart.	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		
7.5	There is a pre-planning meeting prior to the Person-Centered Plan meeting. Pre-planning elements must include: <ol style="list-style-type: none"> When and where the meeting will be held. 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 Guideline	Policy/procedure		

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
	<ul style="list-style-type: none"> c. Identify any potential conflicts of interest or potential disagreements that may arise during the PCP for participants in the planning process and planning for how to deal with them. (What will be discussed and not discussed.) d. The specific PCP format or tool chosen by the person to be used for PCP. e. What accommodations the person may need to meaningfully participate in the meeting (including assistance for individuals who use behavior as communication). f. Who will facilitate the meeting? g. Who will take notes about what is discussed at the meeting. 				
7.6	The individual plan of service adequately identifies the individual's chosen or preferred outcomes and the methods used to measure progress.	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		
7.7	Services and supports identified in the individual plan of service assist the individual in pursuing outcomes consistent with their preferences and goals.	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		
7.8	Individuals are provided with ongoing opportunities to provide feedback on how they feel about services, supports and/or treatment they are receiving, and their progress towards attaining valued outcomes.	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		
7.9	The Person-Centered Planning Process is used to modify the individual plan of service in response to changes in the individual's preferences or needs or at any time the consumer chooses.	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
7.10	The Person-Centered Planning process builds upon the individual's capacity to engage in activities that promote community life.	MCL 330.1701(g) MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		
7.11	Person-centered planning addressed natural and external supports.	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		
7.12	Person-centered planning addressed health and safety. *Must include primary care coordination support & recognize people are allowed the dignity of risk.	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		
7.13	The individual plan of service identifies the roles and responsibilities of the individual, the supports coordinator or case manager, the allies, and providers in implementing the plan.	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		
7.14	Specific services and supports to be provided, including the amount, scope, and duration of services, are identified in the plan of service.	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		
7.15	Individual receives complete and unbiased information on services and supports available, community resources, and options for providers, which are documented in the IPOS. Information must include consumer's option to develop any or all of the following: <ul style="list-style-type: none"> ● Psychiatric Advance Directive ● Crisis Plan ● Self-Determination Must include available: <ul style="list-style-type: none"> ● Conflict Resolution processes 	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
7.16	Services and treatment identified in the IPOS are provided as specified in the plan.	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		
7.17	The frequency of plan review for the individual is specified in the plan. Frequency and scope of monitoring of the plan reflects the intensity of the beneficiary's health and welfare is identified in the plan.	MH Code 330.1714 Medicaid Manual Mental Health and Substance Abuse sec. 3.24 MDHHS Person-Centered Planning Practice Guideline	Policy/procedure	Per MDHHS PCP Policy must be reviewed at minimum annually or as defined in PCP	
7.18	All forms/documents placed in consumer records identify the consumer with name and medical record number	Medicaid Provider Manual; recordkeeping MDCH site review protocol 6.2.3	Policy/procedure		
7.19	Consumers have been provided a copy of his/her plan within 15 business days of the PCP meeting	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		
7.20	IPOS is prepared in person-first singular language and be understandable by the person with a minimum of clinical jargon or language.	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		
7.21	Assessments may be used to inform the PCP process but is not a substitute for the process. <ul style="list-style-type: none"> • Functional assessments undertake a person-centered approach • Functional assessments & PCP process are used together as a basis for identifying goals, risks, and needs; authorizing services, utilization management & review No assessment scale or tool should be utilized to set a dollar figure or budget that limits the PCP process	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
7.22	There is documentation that individual chose the setting in which they live and there is documentation of what alternative living settings were considered by the person.	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		
7.23	<p>There is documentation of any restriction or modification of additional conditions & documentation includes:</p> <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, that have been tried but were not successful. 4. A clear description of the condition that is directly proportionate to the specific assessed health or safety need. 5. A regular collection and review of data to measure the ongoing effectiveness of the modification. 6. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. 7. Informed consent of the person to the proposed modification. 8. An assurance that the modification itself will not cause harm to the person. 	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		
7.24	IPOS includes the services which the person chooses to obtain through arrangements that support self-determination.	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
7.25	IPOS includes the estimated/prospective cost of services & supports authorized by the CMH system.	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		
7.26	IPOS identifies person responsible for monitoring and this person is separate from the eligibility determination; assessment; and service provision responsibilities.	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		
7.27	IPOS includes signatures of the person and/or representative, case manager/support coordinator, and the support broker/agent (if one is involved).	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		
7.28	Plans to share the IPOS with family/friends/caregivers are documented.	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		
7.29	HCBS services documentation include: <ul style="list-style-type: none"> The specific person or persons, and/or provider agency or other entity providing services & supports Non-paid supports, chosen by the person and agreed to by the unpaid provider. 	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure		
7.30	The CMHSP has a process in place for monitoring PCPs & ensuring compliance.	MDHHS Person-Centered Planning Practice Guideline	Policy/procedure, Evidence of Monitoring and Follow-Up if applicable		
COORDINATION OF CARE/INTEGRATION OF BEHAVIORAL HEALTH AND PHYSICAL HEALTH SERVICES					
8.1	COORDINATION OF CARE/INTEGRATION OF BEHAVIORAL HEALTH AND PHYSICAL HEALTH SERVICES CMHSP staff pro-actively assume responsibility for engaging the inpatient team during consumer's hospital stay. This includes participating in team meetings and initiating discharge planning with staff, consumer, family/guardian, and community resources.	MSHN Inpatient Psychiatric Hospitalization Standards Policy	Progress notes, continuing stay reviews or hospital discharge plans showing evidence of CMHSP participation		

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
8.2	CMHSP has developed service coordination agreements with each of the pertinent public and private community-based organizations and providers to address issues that relate to a shared consumer base	MDHHS Contract, MSHN Service Philosophy Policy	Copies of coordination agreements		
8.3	The CMHSP has procedures to ensure that coordination occurs between primary care physicians and the CMHSP and/or its network. Procedures ensure that the services the CMHSP furnishes to the beneficiary are coordinated with the services the beneficiary receives from other MCOs and PIHPs.	MDHHS Contract, MSHN Service Philosophy Policy	Policies/procedures related to coordination of care		
8.4	The CMHSP uses systems and processes related to regular, meaningful exchange of clinically relevant data between entities <ul style="list-style-type: none"> • Identification and follow up of Shared Members with the MHP through ICDP, CC360 and/or MiHIN 	MDHHS Contract, Performance Bonus Incentive Pool (PBIP)	Policies/procedures related to use of ICDP, cc360 and HIE, Source documents related to care plans and follow up		
8.5	Collaboration between CMHSP and MHP for ongoing coordination and integration of services	MDHHS Contract, Performance Bonus Incentive Pool (PBIP)	Policies/procedures and source documents related to care plans and follow up		
8.6	The CMHSP has policies and processes that support smooth and safe transitions of care for individuals between institutional and inpatient settings and community-based settings.	MDHHS Contract, Performance Bonus Incentive Pool (PBIP) MSHN Service Philosophy Policy	Policies/procedures related to FUH and hospital discharge planning; use of ADT and ICDP to support Performance Bonus		
BEHAVIOR TREATMENT PLAN REVIEW COMMITTEE					
9.1	BEHAVIOR TREATMENT PLAN REVIEW COMMITTEE The CMHSP has a Behavior Treatment Plan Review Committee (BTPRC) to review and approve or disapprove any plans that propose to use restrictive or intrusive interventions.	Medicaid Provider Manual 3.3 Technical Requirement for Behavior Treatment Plan Review. MDHHS Technical Requirement for	Copies of CMHSP meeting minutes; committee membership; etc. Stakeholder survey PIHP BTC data spreadsheet and meeting minutes		

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
		Behavior Treatment Plans	PIHP BTC data spreadsheet and meeting minutes; consent form in file		
9.2	<p>The Behavior Plan Review Committee is comprised of at least 3 individuals:</p> <ul style="list-style-type: none"> • one of whom should be a licensed physician/psychiatrist. • A representative of the Office of Recipients Rights shall be a non-voting, ex-officio member. • Board Certified Behavior Analyst or Licensed Behavior Analyst and/or One member should be a licensed psychologist as defined in Section 2.4 Staff Provider Qualifications <p>The Committee and Committee Chair are appointed by the CMHSP for a term of no more than two years. Members may be reappointed for consecutive terms.</p>	MDHHS Technical Requirement for Behavior Treatment Plans MSHN BTR Procedure	CMHSP Policy, Meeting notes, list of current committee members and terms		
9.3	Person Centered Plans with restrictive and intrusive techniques are accompanied by and include the approved behavior plan and special consent form from consumer or the parent/guardian prior to implementation of plan. Annual signed special consent.	MDHHS Technical Requirement for Behavior Treatment Plans	Policy/procedure(s) Chart reviews show signed consents and plans		
9.4	Each committee must establish a mechanism for expedited review of a proposed behavior treatment plan in emergent situations. "Expedited" means the plan is reviewed and approved in a short time frame such as 24 or 48 hours.	MDHHS Technical Requirement for Behavior Treatment Plans MSHN BTR Procedure	Policy/Procedure(s), list of expedited reviews and timeframes		
9.5	Evaluate the committee's effectiveness by stakeholders, including individuals with plans, family and advocates	MDHHS Technical Requirement for Behavior Treatment Plans	Surveys, or other evaluative process, is being utilized		

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
9.6	Should physical management or use of law enforcement be used more than 3 times in a 30-day period the plan is revisited and modified accordingly if needed.	MDHHS Technical Requirement for Behavior Treatment Plans	Samples of Plans Policy/Procedure(s) Samples of minutes		
9.7	Behavior plans that are forwarded to the committee must be accompanied by: <ul style="list-style-type: none"> Results of assessment to rule out physical medical and environment causes of the challenging behavior 	MDHHS Technical Requirement for Behavior Treatment Plans	Samples of plans Samples of minutes Policy, Procedure(s)		
9.8	Behavior plans that are forwarded to the committee must be accompanied by: <ul style="list-style-type: none"> A functional behavioral assessment 	MDHHS Technical Requirement for Behavior Treatment Plans	Samples of plans Samples of minutes Policy, Procedure(s)		
9.9	Behavior plans that are forwarded to the committee must be accompanied by: <ul style="list-style-type: none"> Results of inquiries about any medical, psychological or other factor that might put the individual subjected to intrusive or restrictive techniques at high risk of death injury or trauma. 	MDHHS Technical Requirement for Behavior Treatment Plans	Samples of plans Samples of minutes Policy, Procedure(s)		
9.10	Behavior plans that are forwarded to the committee must be accompanied by: <ul style="list-style-type: none"> Evidence of the kinds of positive supports or interventions, including amount scope and duration. 	MDHHS Technical Requirement for Behavior Treatment Plans	Samples of plans Samples of minutes Policy, Procedure(s)		
9.11	Behavior plans that are forwarded to the committee must be accompanied by: <ul style="list-style-type: none"> Evidence of continued efforts to review less restrictive options. 	MDHHS Technical Requirement for Behavior Treatment Plans	Samples of plans Samples of minutes Policy, Procedure(s)		
9.12	Behavior plans that are forwarded to the committee must be accompanied by: <ul style="list-style-type: none"> Peer reviewed literature or practice guidelines that support the proposed restrictive or intrusive intervention. 	MDHHS Technical Requirement for Behavior Treatment Plans	Samples of plans Samples of minutes Policy, Procedure(s)		
9.13	Behavior plans that are forwarded to the committee must be accompanied by:	MDHHS Technical Requirement for	Samples of plans Samples of minutes Policy, Procedure(s)		

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
	<ul style="list-style-type: none"> Reference to the literature should be included on new procedures, and where the intervention has limited or not support in the literature, why the plan is the best option available. 	Behavior Treatment Plans			
9.14	Behavior plans that are forwarded to the committee must be accompanied by: <ul style="list-style-type: none"> The plan for monitoring and staff training to assure consistent implementation and documentation of the intervention(s). 	MDHHS Technical Requirement for Behavior Treatment Plans	Samples of plans Samples of minutes Policy, Procedure(s)		
9.15	Each Behavior Treatment Plan has <ul style="list-style-type: none"> Goal-expected outcome of the Behavior Treatment Plan 	MDHHS Technical Requirement for Behavior Treatment Plans	Policy/procedure(s) Plan Sample(s)		
9.16	Each Behavior Treatment Plan has Objectives –baseline and steps to achieving the behavior goal	MDHHS Technical Requirement for Behavior Treatment Plans	Policy/procedure(s) Plan Sample(s)		
9.17	Each Behavior Treatment Plan has Methodology-interventions implemented to decrease target behaviors, a schedule and /or timing and things to be done to increase additional adaptive behaviors	MDHHS Technical Requirement for Behavior Treatment Plans	Policy/procedure(s) Plan Sample(s)		
9.18	Each Behavior Treatment Plan has Measurement-how the baseline will be established, what is being measured, and assessment of the impact of behavior treatment interventions on the individual.	MDHHS Technical Requirement for Behavior Treatment Plans	Policy/procedure(s) Plan Sample(s)		
9.19	Each Behavior Treatment Plan has Plan Review- frequency of reviewing collected data	MDHHS Technical Requirement for Behavior Treatment Plans	Policy/procedure(s) Plan Sample(s)		
9.20	Each Behavior Treatment Plan has Staff In-Service –who is responsible for training staff and when the plan will be implemented. Evidence of staff training/in-servicing of plan.	MDHHS Technical Requirement for Behavior Treatment Plans	Policy/procedure(s) Plan Sample(s)		

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
9.21	Each Behavior Treatment Plan has Staff Responsible- the CM who will implement and manage the plan.	MDHHS Technical Requirement for Behavior Treatment Plans	Policy/procedure(s) Plan Sample(s)		
CONSUMER INVOLVEMENT (CUSTOMER SERVICE)					
10.1	CONSUMER INVOLVEMENT (CUSTOMER SERVICE) The CMHSP provides meaningful opportunities and supports for consumer involvement in service development, service delivery, and service evaluation activities.	MDHHS Consumerism Practice Guideline	<ul style="list-style-type: none"> • Consumers and family members are on CMHSP/PIHP boards and advisory councils • Stakeholders and the public attend meetings for comments and information. This evidence may be found in the following areas: minutes, agendas, sign-in sheets, peer support specialists' positions, mystery shopper programs, customer service information on assistance with input for the brochures and educational materials provided, consumer-oriented job-descriptions, and consumer involvement in quality management reviews of the CMHSP programs and services.		
10.2	Development of local activities designed to engage consumers, and other stakeholders, including members of the general public, in decision-oriented activities throughout the CMHSP/CA, including its subcontractors	MDHHS Consumerism Practice Guideline	Trainings offered to consumers, opportunities to serve as members of committees, Consumer Advisory Councils		

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
10.3	Training and orientation of customers, to participate actively in Advisory Groups, task forces, working committees.	MDHHS Consumerism Practice Guideline	Trainings offered to consumers, opportunities to serve as members of committees, Consumer Advisory Councils		
PROVIDER/STAFF CREDENTIALING (PROVIDER NETWORK)					
11.1	PROVIDER/STAFF CREDENTIALING (PROVIDER NETWORK) Agency has processes in place requiring that an individual file be maintained for each credentialed provider and each file include: <ol style="list-style-type: none"> 1. The initial credentialing and all subsequent re-credentialing applications. 2. Information gained through primary source verification. Any other pertinent information used in determining whether or not the provider met credentialing standards	MDHHS Credentialing and Re-Credentialing Processes MSHN Credentialing Policy and Procedures SUD Policy Manual IV. Credentialing and Staff Qualification Requirements	Policy/procedures Sample of records	Policy/Procedure/evidence should be in accordance with MDHHS and MSHN policy/procedures. All PSV should be dated, decisions should be dated to verify timeliness.	
11.2	The Agency program for staff training includes training for new personnel related to their responsibilities, program policy, and operating procedures methods for identifying staff training needs in-service training, continuing education and staff development activities	R 325. 1345	Policy/Procedure Sample of records	Training procedures should address minimum training requirements per regional training grid. <i>CMHSP- The agency training plan addresses initial and recurring training requirements for appropriate clinical staff relative to the use of MDHHS-required assessment tools (LOCUS, CAFAS, PECFAS, DECA) as applicable to the population served by the staff person. The SIS tool is a specialized assessment for identified assessors within the region. Staff working with eligible individuals should be</i>	

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
				<i>trained in an introduction to appropriate applications of the SIS outcomes.</i>	
11.3	Criminal Background Checks are conducted as a condition of employment. At a minimum, checks should take place every other year from when the initial check was made. Criminal record should not necessarily bar employment - justification for decisions should be documented in the personnel file and consistent with state and federal rules and regulations. Use of OTIS is not an appropriate resource.	SUD Policy Manual IV. Credentialing and Staff Qualification Requirements, MSHN Criminal Background Check Procedure, MSHN Disqualified Providers Policy MDHHS Credentialing and Re-Credentialing Processes	Policy/Procedure Sample of records	<p>Verify dates of initial and ongoing CBCs to ensure that the checks were conducted in the required timeframes.</p> <p>CMHSP Participants and SUDSPs shall have a process to notify MSHN of any convictions identified through routine CBC of employees or staff of sub-contractors. Notice shall include the nature of the conviction and relevant employment action taken. Should a CMHSP Participant, SUDSP or direct service contract provider receive a CBC with a negative outcome and wish to proceed with hiring the candidate, the hiring party must document, in writing, their rationale for waiving the CBC finding and assurances that the criminal history does not disqualify the individual from providing state/federal services.</p> <p>Verify that convictions are not on the disqualified provider list. https://mail.midstatehealthnetwork.org/application/files/8415/9438/0435/13.6.H.Compliance_Disqualified_Providers.pdf</p>	
11.4	Provider agency that directly employs or contracts with an individual to provide prevention or treatment services conducts an ongoing verification of credential(s),	SUD Policy Manual IV. Credentialing and Staff Qualification Requirements,	Policy/Procedure Sample of records		

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
	monitoring development plans, and compliance with CE requirements	MDHHS Credentialing and Re-Credentialing Processes			
11.5	<p>SUD Providers Only: All individuals performing staff functions must:</p> <ol style="list-style-type: none"> 1) Be certified appropriate to their job responsibilities under one of the credentialing categories or an approved alternate credential; or 2) Have a registered development plan and be timely in its implementation; or <p>Be functioning under a time-limited plan</p>	SUD Policy Manual IV. Credentialing and Staff Qualification Requirements	Policy/Procedure Sample of records	Evidence of monitoring and verifying certification/development plans.	
11.6	Credentialing and re-credentialing must be conducted and documented for at least the following health care professionals: a. Physicians (M.D.s and D.O.s), b. Physician's Assistants c. Psychologists (Licensed, Limited License, and Temporary License), d. Licensed Master's Social Workers, Licensed Bachelor's Social Workers, Limited License Social Workers, and Registered Social Service Technicians, e. Licensed Professional Counselors f. Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses, g. Occupational Therapists and Occupational Therapist Assistants, h. Physical Therapists and Physical Therapist Assistants, i. Speech Pathologists k. Registered Dietician l. Behavioral Analyst (BCBA and ABCBA-D)	MSHN Policy and Procedures, SUD Policy Manual IV. Credentialing and Staff Qualification Requirements, MDHHS Credentialing and Re-credentialing Processes	Policy/Procedure Sample of records	Policy/Procedure/evidence should be in accordance with MDHHS and MSHN policy/procedures. All PSV should be dated, decisions should be dated to verify timeliness	
11.7	Initial credentialing policies, procedures, and personnel file review reflect full compliance with initial credentialing requirements as outlined in MDHHS Credentialing and Re-Credentialing	MDHHS Credentialing and Re-Credentialing Processes MSHN	Policy/Procedure Sample of records	MSHN to use sample of staff credentialing files and policy and procedures to score this standard.	

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
	Processes and MSHN policies and procedures.	Policies and Procedures		Files will be reviewed for timeliness of application, processing, and decision making in addition to primary source verification and ensuring all required elements of information were collected, reviewed, and verified as necessary.	
11.8	Temporary or Provisional credentialing policies, procedures, and personnel file review reflect full compliance with requirements as outlined in MDHHS Credentialing and Re-Credentialing Processes and MSHN policies and procedures.	MDHHS Credentialing and Re-Credentialing Processes MSHN Policies and Procedures	Policy/Procedure Sample of records	MSHN to use sample of staff credentialing files and policy and procedures to score this standard. Files will be reviewed for timeliness of application, processing, and decision making in addition to primary source verification and ensuring all required elements of information were collected, reviewed, and verified as necessary. NOTE: Substance Use Disorder organizational providers must utilize the MSHN Temporary Privileging form and submit to MSHN for approval after completing the application and primary source verification process, in order to be added to REMI as a rendering provider.	
11.9	Re-credentialing policies, procedures, and personnel files reflect full compliance with requirements as outlined MDHHS Credentialing and Re-Credentialing Processes and MSHN policies and procedures	MDHHS Credentialing and Re-Credentialing Processes MSHN Credentialing Policy and Procedures, SUD Policy Manual IV.	Policy/Procedure Sample of records	MSHN to use sample of staff credentialing files and policy and procedures to score this standard. Files will be reviewed for timeliness of application, processing, and decision making in addition to primary source	

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
		Credentiaing and Staff Qualification Requirements		verification and ensuring all required elements of information were collected, reviewed, and verified as necessary. Verification of ongoing monitoring also included in this standard.	
11.10	Policy and procedures address the requirement for the agency to inform a LIP or organizational provider in writing of the reasons for the agency adverse credentialing decisions.	MDHHS Credentialing and Re-Credentialing Processes MSHN Credentialing Policy and Procedures, SUD Policy Manual IV. Credentialing and Staff Qualification Requirements	Policy/Procedure Sample of records	Organizational Providers and Licensed Independent Practitioners shall be notified, in writing, of all credentialing decisions, including credentialing status, effective date, and recredentialing due date. An organizational provider or licensed independent practitioner that is denied credentialing or recredentialing shall be informed of the reasons for the adverse credentialing decision in writing and shall have an appeal process that is available when credentialing or recredentialing is denied, suspended or terminated for any reason other than lack of need. In instances of a conflict of interest, subcontracted providers responsible for credentialing and recredentialing LIPs may utilize the MSHN provider appeal process to ensure a neutral and fair appeal process is available.	
11.11	The agency has procedures for reporting, to appropriate authorities (i.e., PIHP, MDHHS, the provider’s regulatory board or agency, the Attorney General, etc.), improper known organizational provider or individual	MDHHS Credentialing and Re-Credentialing Processes MSHN Credentialing Policy	Policy/Procedure		

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
	practitioner conduct which results in suspension of termination from the provider network. The procedures are consistent with current federal and State requirements, including those specified in the MDHHS Medicaid Managed Specialty Supports and Services Contract	and Procedures, SUD Policy Manual IV. Credentialing and Staff Qualification Requirements, MSHN Contract			
11.12	Agency shall not assign a consumer to any LIP who has not fully complied with credentialing process	MDHHS Credentialing and Re-Credentialing Processes, MSHN Credentialing Policy and Procedures, SUD Policy Manual IV. Credentialing and Staff Qualification Requirements, MSHN Contract	Policy/Procedure, Sample of records		
11.13	Prior to employment, the agency verifies that the individual is not included in any excluded or sanctioned provider lists. This verification process shall also occur at the time or re-credentialing or contract renewal. Agency must search at least on a monthly basis the OIG exclusion database to ensure individuals or entity has not been excluded from participating in federal health care programs. Monthly review of GSA and MDHHS exclusion lists	MDHHS Credentialing and Re-Credentialing Processes MSHN Credentialing Policy and Procedures, SUD Policy Manual IV. Credentialing and Staff Qualification Requirements, MSHN Contract	Copy of Written Notice; Policy/Procedure; Sample of records	Review initial verification dates are due prior to employment. Verify ongoing monthly verifications.	
11.14	Agency must require staff members, directors, managers, or owners or contractors, for the provision of items or services that are significant and material to Agency obligations under its contract with MSHN, to disclose all felony convictions and any misdemeanors for violent crimes to Agency. Agency employment, consulting, or	MDHHS Credentialing and Re-Credentialing Processes,MSHN Credentialing Policy and Procedures, SUD Policy Manual IV. Credentialing and	Copy of Disclosure Statement; Policy/Procedure		

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
	other agreements must contain language that requires disclosure of any such convictions to agency.	Staff Qualification Requirements, MSHN Contract			
11.15	Agency has in a place a process to monitor for mid-cycle license and certification expirations.	MSHN Policies and Procedures	Policy/Procedure Sample of records	Review process, person responsible, how mid-cycle expirations are tracked.	
11.16	Policy and procedures address the appeal process (consistent with State and federal regulations) that is available to providers for instances when the agency denies, suspends, or terminates a provider for any reason other than lack of need. Providers are notified of their right to appeal adverse credentialing decisions.	MDHHS Credentialing and Re-Credentialing Processes	Policy/Procedure Sample of records	Review for policy/procedures of appeal process. Often there is a consumer appeal process related to the Consumer Grievance and appeals which is not the same process. The process should be specific to credentialing decision appeals.	
11.17	Policy and procedures reflect the scope, criteria, timeliness and process for credentialing and re-credentialing providers and in accordance with MSHN p/p.	MDHHS Credentialing and Re-Credentialing Processes, MSHN Policy and procedures	Policy/Procedure	The policy should outline timeframes when the process begins and timeframe for processing credentialing applications. Ex. Credentialing and re-credentialing applications will be processed within 30 days.	
11.18	The credentialing policy was approved by the agency governing body and identifies the agency administrative staff member responsible for oversight of the process.	MDHHS Credentialing and Re-Credentialing Processes	Policies and procedures	Verify policy includes staff (position or department) responsible for overseeing credentialing and that the policies are approved by Board.	
11.19	CMHSP Only: The CMHSP validates, and revalidates at least every two years, that an organizational provider is licensed as necessary to operate within the State and has not been excluded from Medicaid or Medicare	MDHHS Credentialing and Re-Credentialing Processes	Policy/Procedure Sample of records	Policy/Procedure/evidence should be in accordance with MDHHS and MSHN policy/procedures. All PSV should be dated, decisions should be dated to verify timeliness	
11.20	If the agency accepts the credentialing decision of another agency for a LIP or organizational provider, it maintains copies of the current credentialing agency's decision in its administrative records.	MDHHS Credentialing and Re-Credentialing Processes	Policy/Procedure Sample of records	A policy or procedure should be in place noting that the organization accepts credentialing decisions of other agencies.	

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
11.21	Providers residing and providing services in a bordering state must meet all applicable licensing and certification requirements within both states.	MDHHS Credentialing and Re-Credentialing Processes	Policy/Procedure Sample of records	This is a new standard and must be added to policy/procedures.	
11.22	The Agency must ensure the credentialing and re-credentialing processes do not discriminate against: <ul style="list-style-type: none"> a. A health care professional solely on the basis of license, registration, or certification b. A health care professional who serves high risk populations or who specializes in the treatment of conditions that require costly treatment. 	MDHHS Credentialing and Re-Credentialing Processes	Policy/Procedure Sample of records	This language is typically found in policy/procedures.	
COMPLIANCE					
12.1	COMPLIANCE The CMHSP has a process in place for carrying out corporate compliance activities across the service area, including the following: <ul style="list-style-type: none"> • written policies, procedures, and standards of conduct that articulates the organization's commitment to comply with all applicable Federal and State standards, and to guard against fraud and abuse; • designation of a compliance officer and a compliance committee accountable to senior management, focused on regulatory identification, comprehension, interpretation, and dissemination; • training of the compliance officer, committee members and the organization's employees on the 	42 CFR 438.608.(a); 42 CFR 438.608(b)(1)	CMHSP policies & procedures, Compliance Officer job description, CMHSP Corporate Compliance Plan, Staff training records, Risk Management Plan, Compliance investigation records		

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
	<p>compliance policies and procedures;</p> <ul style="list-style-type: none"> • provision for internal monitoring and auditing to assure standards are enforced, identify high risk compliance areas and where improvements must be made; • provision for prompt response to detected offenses, and for development of corrective action. 				
12.2	CMHSP accreditation status is current and without provisions.		Accreditation letter and report, and improvement plans if applicable		
12.3	<p>Procedures and a mandatory compliance plan are in place at each CMHSP to guard against fraud and abuse consistent with the MSHN Compliance Plan. This includes:</p> <ul style="list-style-type: none"> • CMHSP follows established disciplinary guidelines for their respective employees who have failed to comply with the standards of conduct, policies, and procedures, federal and state law, or otherwise engage in wrongdoing. • The CMHSP informs, in writing, the MSHN Chief Executive Officer (CEO) of any notice to, inquiry from, investigation by any Federal, State, or local human services, fiscal, regulatory, investigatory, prosecutory, judicial, or law enforcement agency or protection and/or advocacy organization regarding the rights, safety, or care of a recipient of Medicaid services 	42 CFR 438.608(a); MSHN Corporate Compliance Plan	<p>CMHSP Corporate Compliance Plan</p> <p>CMHSP policies and procedures</p>		

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
	<ul style="list-style-type: none"> The CMHSP CEO/ED shall report compliance violations to external parties (i.e., OIG, DCH) as required per DCH contract and/or MSHN/CMHSP contract. CMHSP staff with firsthand knowledge of activities or omissions that may violate applicable laws and regulations are required to report such wrongdoing to the MSHN Compliance Officer or to the CMHSP Compliance Officer.				
12.4	The CMHSP has written procedures for reporting to the PIHP any suspicion or knowledge of fraud or abuse within the Medicaid program.	42 CFR 455.17; MSHN Compliance Plan; MDHHS Contract (Program Integrity))	CMHSP policy and/or procedures; CMHSP Compliance Plan		
12.5	The CMHSP has a process to collect information about the nature of fraud and abuse complaints, the name of the individuals or entity involved in the suspected fraud or abuse, including name, address, phone number and Medicaid identification number and/or any other identifying information, the type of provider, approximate dollars involved, and legal and administrative disposition of the case including actions taken by law enforcement officials to whom the case has been referred.	42 CFR 455.17; MSHN Compliance Plan;	CMHSP policy and/or procedures; CMHSP Compliance Plan		
ENSURING HEALTH & WELFARE /OLMSTEAD (QUALITY IMPROVEMENT)					
13.1	ENSURING HEALTH & WELFARE /OLMSTEAD (QUALITY IMPROVEMENT) CMHSP has processes for addressing and monitoring the health, safety and welfare of all individuals served. These may include: <ul style="list-style-type: none"> Quality reviews at provider locations that include documentation of health and 	MDHHS Contract	Evidence of processes as described in AFP response, CMHSP policies and procedures, Provider Network monitoring practices in place, including quality reviews, and		

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
	<p>safety practices that meet the standards of the Michigan Department of Health and Human Services and accreditation bodies</p> <ul style="list-style-type: none"> • CMHSP has a quality monitoring program that is sufficient to ensure adequate monitoring and oversight of all licensed residential living arrangements. • Imposing plans of correction on providers that do not satisfactorily meet established standards • Sanctions and termination of providers that consistently violate standards • The CMHSP works collaboratively with the local licensing office to ensure awareness of issues or deficiencies and to ensure that these are addressed in a timely manner. 		coordination and/or contract action when needed.		
13.2	The CMHSP implements a process for review, analysis, and reporting of sentinel, to external entities as required.	MSHN Quality Assessment and Performance Improvement Program MDHHS Quality Assessment and Performance Improvement Program Technical Requirement (QAPIP TR),	Policy/procedure, evidence of tracking events, root cause analysis, committee charter. Primary source verification of a sample of submitted events	The required types of events (Sentinel) should be included in the policy	
13.3	The CMHSP implements a process for review, analysis, and reporting of events requiring immediate notification to external entities as required. When applicable, a written report is completed and submitted	MDHHS QAPIP TR MSHN QAPIP Plan			

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
	of its review/analysis of the death of every Medicaid member which occurred within one year of the individual's discharge from a State-operated service.				
13.4	The CMHSP implements a process for internal review and analysis, and reporting of critical events, including emergency physical intervention, to external entities as required.	MDHHS QAPIP TR MSHN QAPIP Plan			
13.5	The CMHSP implements a process for review, analysis including what actions were taken to remediate the event, and reporting of risk events to external entities as required.	MDHHS QAPIP TR MSHN QAPIP Plan			
13.6	The CMHSP must identify sentinel events (within 3 business days of the incident), beginning a root cause analysis (within 2 business days of the identification of the sentinel event). The RCA must include action steps based on the results or documentation as to why none apply, person responsible, and timelines for completion.	MDHHS QAPIP TR MSHN QAPIP Plan	Policy, Procedures, Data review-Incident Reports, CMHSP, Primary Source Verification of reported events. Tracking system, and RCA when applicable	Policy, procedures, data review-incident reports, CMHSP tracking system, and RCA when applicable. Primary source verification of events.	
13.7	Persons involved in the sentinel event/root cause analysis must have the appropriate credentials based on the scope of care ex. A serious medical condition should include a nurse or physician.	MDHHS QAPIP TR MSHN QAPIP Plan			
13.8	All unexpected deaths must be reviewed and include: a. Screens of individual deaths with standard information (e.g., coroner's report, death certificate). b. Involvement of medical personnel in the mortality reviews. c. Documentation of the mortality review process, findings, and recommendations.	MDHHS QAPIP TR MSHN QAPIP Plan			

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
	d. Use of mortality information to address quality of care. e. Aggregation of mortality data over time to identify possible trends. Note: "Unexpected deaths" include those that resulted from suicide, homicide, an undiagnosed condition, were accidental, or were suspicious for possible abuse or neglect.				
13.9	The CMHSP quarterly tracks and analyzes the use of all physical management, involvement of law enforcement, and the use of intrusive and restrictive interventions. <ul style="list-style-type: none"> • Dates and numbers of interventions, • The settings (e.g., individual's home or work) where behaviors or interventions occurred. • Behaviors that resulted in termination of the interventions • Length of time for each intervention • Review and modification or development, if needed, of the individual's behavior plan. • All plans with restrictive and intrusive interventions must be reviewed at a minimum of quarterly. 	MDHHS Technical Requirement for Behavior Treatment Plans MDHHS QAPIP TR MSHN QAPIP Plan	Policy, procedures, and data summary report	The CMHSPs must demonstrate that the bulleted elements are being analyzed.	
13.10	The CMHSP has a quality review process to ensure accuracy of Michigan Mission Based Performance Indicator System (MMBPIS) events prior to submission to MSHN.	MSHN QAPIP Plan	Policy/Procedure, guidelines, Primary Source Verification. The MMBPIS validation tool will be scored for this element.		
13.11	Quality Improvement plans are completed to address systemic remediation for the MMBPIS.	MSHN QAPIP Plan			
13.12	The CMHSP has a written infection control plan which addresses health and safety needs and processes.	Medicaid Managed Specialty Supports and Services Contract: MSHN AFP	Infection Control Plan, Health & Safety Plan, policies and procedures		

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
		Response Section 5.2.2.3			
13.13	The CMHSP has policies/procedures for medication consents, prescriptions, monitoring side effects, documentation.	Medicaid Managed Specialty Supports and Services Contract: MSHN AFP Response Section 5.2.2.3	Copy of policy & procedures		
13.14	The CMHSP has a response system to emergencies and staff are trained to act immediately and decisively when appropriate for the following events including, but not limited to: 1) Seeing to the immediate safety and welfare of an individual and others potentially affected, including transfer to another provider when necessary 2) Violence (or threat of violence) on premises 3) Fire 4) Tornadoes/severe storms 5) Power outages 6) Medical emergencies	Medicaid Managed Specialty Supports and Services Contract: MSHN AFP Response Section 5.2.2.3	Emergency response plan		
13.15	The CMHSP has an established quality improvement program and plan consistent with the MSHN QAPIP.	MDHHS Quality Assessment and Performance Improvement Programs for Specialty Technical Requirement	Policy, Procedures, Data review-Incident Reports, CMHSP, Primary Source Verification of reported events. Tracking system, and RCA when applicable	Must outline a process for performance monitoring, process improvement, reporting, organizational structure for communication. stakeholder feedback, best practice guidelines, performance issues addressed	
13.16	The CMHSP must have a process for evaluating consumer experiences representative of all persons served. Individual sources of dissatisfaction should be acted on as appropriate. Quality	MDHHS QAPIP TR MSHN QAPIP Plan	CMHSP QAPIP Plan and Report Policies and/or Procedures	Evidence must provide the process for evaluation of the consumer experience and a report (analysis) includes the standard, performance	

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
	Improvement plans are completed to address systemic remediation		Analysis which includes the results of the survey and action steps taken.	interventions to improve performance	
INFORMATION TECHNOLOGY (IT) MANAGEMENT					
14.1	<p>INFORMATION TECHNOLOGY (IT) MANAGEMENT</p> <p>The CMHSP has written and approved policies for the following:</p> <ul style="list-style-type: none"> • Adverse incident and disaster recovery • Record Retention Policy • Breach Notification Policy (includes reporting to MSHN) • Compliance assurance (BAA, HIPAA, PHI, etc.) • Data archival, restoration and retention • Employee acceptable use of IT resources/information – CAUA (could include clarifications for bring-your-own-device (BYOD)) • Employee termination (IT section of the HR policy covering termination) • Security: Computer, network, server and systems • Telecommunications and Telecommuting (as applicable) • Validation of quality indicator (QI)/demographic, claims, encounter, critical incident, and performance indicator data 	HIPAA Security and Privacy, 45 CFR Parts 160 & 164 Subparts A, C & E, BAA requirements as validated by the EQRO, MDHHS/PIHP Contract, Expectations and AFP attestation, MSHN/CMHSP Participant contract delegation grid	Policies, procedures, or other agency documents exist and are adequately written to meet the minimum requirements of the organization and, where applicable, MSHN policies. Describe the expectations and actions of the organization to manage its IT resources and is reviewed and revised on a regularly recurring basis.		
14.2	The CMHSP has a process for identification of IT needs and assures adequate IT resource allocation to fulfill contractually obligated functions.	HIPAA Security and Privacy, 45 CFR Parts 160 & 164 Subparts A, C & E, BAA requirements as validated by the	Evidence that staff is able to identify needs and make request of the IT function, and how the organization decides		

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
		EQRO, MDHHS/PIHP Contract, MSHN/CMHSP Participant contract delegation grid	which functions should be resourced.		
14.3	The CMHSP assures on-going learning for technical professionals to maintain currency in IT knowledge, skills and abilities.	HIPAA Security and Privacy, 45 CFR Parts 160 & 164 Subparts A, C & E, BAA requirements as validated by the EQRO, MDHHS/PIHP Contract, MSHN/CMHSP Participant contract delegation grid	Describe how the CMHSP reasonably assures that internal IT staff or contractors maintain currency to provide systems security, maximized capability, and regulatory compliance.		
14.4	<i>INFORMATION ASSURANCE</i> Data Integration: The CMHSP combines different types of information to provide data to the PIHP (e.g., QI, PI, critical incident, and claims/encounter, etc.).	MDHHS/PIHP Contract, MSHN/CMHSP Participant contract delegation grid	Written process describing the steps used to combine and validate various data sources in reporting information to the PIHP.		
14.5	Data Control: The CMHSP maintains and performs data backup, restoration, and disaster recovery procedures. Utilizes secure communication for electronic protected healthcare information (PHI).	MDHHS/PIHP Contract, MSHN/CMHSP Participant contract delegation grid	Beyond the policies listed in 14.1, it is the documentation and demonstration of back-up, restoration, and disaster recovery procedures. The CMHSP will demonstrate the procedures and technologies in place to secure e-PHI.		
14.6	Data Validation: The CMHSP has system controls and quality procedures in place to assure the validity of data submitted to the	MDHHS/PIHP Contract, MSHN/CMHSP	The CMHSP can demonstrate the types of information validation that exist within its		

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	PIHP (e.g., QI, PI, critical incident, claims and encounter, etc.).	Participant contract delegation grid	EMR/EHR/PM and data warehousing/reporting systems, along with external validation activities, that reasonably assures the quality of the data submitted to the PIHP.		
14.7	Data Completeness: The CMHSP has systems and processes in place to gather and report all contractually obligated information, including but not limited to: MDHHS reports (encounter, BH-TEDS, QI, CIR, PI) and consumer (EOB and Cost of Service), per the frequency as defined in the contract).	MDHHS/PIHP contract: Performance Expectations and AFP attestation	As the organization holding records on persons served, information contained in the contract is available in EMR/EHR/PM and/or data warehousing/reporting systems or is otherwise accounted for and able to be electronically submitted to the PIHP.		
14.8	<i>SYSTEMS SECURITY</i> Physical Security: The CMHSP mitigates vulnerabilities to system corruption and data loss through restricted physical access to non-user IT resources.	HIPAA Security and Privacy, 45 CFR Parts 160 & 164 Subparts A, C & E	Key network components – servers, network infrastructure, and external data or telecommunications nodes – are secured with limited access. Should align with the Security policy referenced in 14.1 above.		
14.9	Systems Security: The CMHSP maintains adequate control of administrator-level user privileges	HIPAA Security and Privacy, 45 CFR Parts 160 & 164 Subparts A, C & E	Only authorized staff have access to administrator-level user information. Redundancy of administrator level functions is in place.		

#	Standard	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Reviewer	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
TRAUMA INFORMED CARE					
15.1	TRAUMA INFORMED CARE The CMHSP has written and approved policies and procedures for implementation of a trauma-informed culture	MDHHS Trauma Policy	CMHSP policy & practice guidelines		
15.2	Implementation of an organizational self-assessment every three years.	MDHHS Trauma Policy	Results of self-assessment tool	Reviewer to look for survey outcomes and CMH utilization of survey outcomes.	
15.3	Adoption of approaches and procedures to prevent and address secondary/vicarious trauma	MDHHS Trauma Policy	CMHSP policy & practice guidelines.	<ul style="list-style-type: none"> • Environmental Factors • Supervision Notes/Techniques • Other Examples as warranted 	
15.4	Use of population and age-specific trauma-informed screen and assessment tool	MDHHS Trauma Policy	Policy/procedure	Examples that can be used: <ul style="list-style-type: none"> • ACES • CTAC QIC / CLC to add others and/or QAPI to add during review(s)	
15.5	Use of trauma-informed evidence-based practice(s) (EBPs) for treatment and recovery services including procedures to address building trust, safety, collaboration, empowerment, resilience and recovery	MDHHS Trauma Policy	CMHSP policy/procedure(s) & practice guidelines.	<ul style="list-style-type: none"> • Seeking Safety (Co-Occurring) • DBT • QAPI to add as is applicable with guidance from CMHSPs 	
15.6	Collaboration with community organizations to support development of a trauma informed community that promotes behavioral health and reduces likelihood of mental illness and substance use disorders	MDHHS Trauma Policy	Memos of understanding, meeting minutes, documentary evidence of collaboration		