



Mid-State Health Network

2022 SUDSP Delegated Functions Tool

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
Access and Eligibility (Utilization Management)					
1.1	Access system is available 24 hours per day, 7 days per week or provider has process to ensure consumer ability to access after hour services.	PIHP Contract; Access System Standards	Access Policies and procedures, Method of informing consumers, After hour voicemail	Policy/procedure specifically addresses how after-hours calls are handled; if provider does not have 24/7 answering the policy/procedure identifies where callers are redirected to for immediate assistance (i.e.: CMH Access Center, call answering service, etc.) Provider process should not direct callers to MSHN after hours	
1.2	Access system provides appropriate responses based on <ul style="list-style-type: none"> presenting circumstances and/or referral requirements Priority population status 	PIHP Contract Access System Standards	in policies and procedures for access and availability, Screening Procedures, call logs	Priority Population to include MDOC referred individuals 10/1/2020 (FY21 contract). Policy/Procedure must include the state-designated priority population and response time grid. Policy/procedure should also specifically address how emergency/crisis situations are screened for and appropriate response	
1.3	Individuals approaching the access system are informed of available service options and how to access services.	Access System Standards	No Wrong Door Procedures, Training, Resource(s) Available onsite	Policy/procedure should ideally address how callers are connected to other providers/resources if they do not meet criteria for provider's program	
1.4	A professional screening is conducted at the point of first contact using the REMI Level of Care Determination resulting in a provisional eligibility determination and ASAM level of care recommendation.	PIHP Contract Access System Standards, SUD Provider Contract	Policy/Procedure, Brief Screening and REMI LOC Determination	Policy/procedure and staff training should specifically identify that REMI LOC Determination is being used for all individuals who request services. Providers should not be using	

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
				"homegrown" or other screening tools over the phone.	
Information (Customer Service)					
2.1	Information Requirements and Notices: The Provider shall provide the following information to all consumers: Names, locations, telephone numbers of, and non-English languages spoken by current providers in the consumer's service area, including identification of providers that are not accepting new patients.	SUD Contract, 42 CFR 438.10(f)(6)(i) MDHHS PIHP Contract 6.3.2	Member Handbook, Procedure, Provider Choice Listing document provided to consumers, other related documentation		
2.2	All informational materials, including those describing consumer rights, service requirements and benefits are provided in a manner and format that may be easily understood. Informational materials are written at the 4th grade reading level when possible (i.e., it may be necessary to include medications, diagnoses and conditions that do not meet criteria).	42 CFR 438.100;42 CFR. 438.10(c)(1); 42 CFR 438.10(d)(1)(i); MDHHS Contract 6.3.2 42 CFR438.10(b)(3)	Policy, procedure, Method used to ensure the readability level	A documented method of procedure to document the process of evaluating local information for readability.	
2.3	Written materials are available in alternative formats that consider the special needs of the consumer, including those with vision impairments or limited reading proficiency as required by the ADA.	42 CFR 438.10(d)(1)(ii); MDHHS Contract 6.3.2	Samples of written materials in alternative formats		

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
2.4	Written materials, including information developed by the PIHP, are available in the prevalent non-English languages of the service area	42 CFR 438.10(d) (1)(ii); MDHHS Contract 6.3.3	Samples of written materials in languages meeting LEP requirements; State provided materials, such as Spanish Recipients Rights brochure, Spanish Recipient Rights poster		
2.5	A policy and/or procedure is in place for accessing the language needs of individuals served.	42 CFR 438.100(a)(1); MDHHS Contract 6.3.24	Copy of policy/procedure that references process for accessing language needs of community.		
2.6	Oral interpretation of all languages is available free of charge	42 CFR 438.10(d)4 MDHHS Contract 6.3.2	Policy, contract for language interpreter	Provider should have an established procedure to contact a language interpreter when an individual presents in person or over the phone.	
2.7	Amount, duration, and scope of services available in sufficient detail to ensure that consumers understand the services to which they are entitled	CFR 438.210(a)(3)(ii) 42 CFR 438.10(g)(2)(ii)	Member Handbook, policy, other related documentation		
2.8	Procedures for obtaining services including authorization requirements	42 CFR 438.210(b)(1)	Member Handbook, other related procedures/ documentation		
2.9	Extent to which, and how, recipients may obtain benefits for out of network providers	42 CFR 438.206(b)(4)	Member Handbook, other related procedures/ documentation		
2.10	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	MDHHS Contract P4.1.1(II) (d	Member Handbook, other related procedures/ documentation		

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
2.11	Consumer rights and protections, including information about the right to file grievances and appeals, the requirements and time frames for filing a grievance or appeal, the availability of assistance in the filing process, the toll-free numbers that consumers can use to file a grievance or an appeal by phone, the right to a State Fair Hearing, and the fact that benefits can continue if requested by consumer pending an appeal or hearing decision	42 CFR Subpart F - Grievance and Appeal System; MDHHS Contract P.6.3.1.1 Appeal and Grievance Resolution Processes Technical Requirement	Member Handbook, other related procedures/ documentation	Providers should have a Customer Service or Grievance and Appeals policy which includes this information.	
2.12	Any cost-sharing and how to access any other benefits available under the state plan but not covered in contract	MDHHS Contract 7.8.2.4 Third Party Resource Requirements; Medicaid Premiums and Cost Sharing (42 CFR 447.50 - 447.90)	Member Handbook, other related procedures/ documentation		
2.13	Additional information is available upon request, regarding the PIHP operational structure and physician incentive plans	MDHHS Contract P.6.3.1 Customer Service	Member Handbook, other related procedures/ documentation		
2.14	Consumers are notified of their right to receive all required information at least once per year.	MDHHS Contract P.6.3.1 Customer Service	Member Handbook, Policy, procedure		
2.15	The SUDSP has a written advance directives policy and procedures	42 CFR 422.128(a) MDHHS Contract 7.10.5	Policy/procedures	Policy and procedure are required. May be stand alone or incorporated with other Customer Service-related requirements.	

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
2.16	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) MDHHS Contract 7.10.5	Policy, procedure, Chart documentation	A signed document which reports that acceptance or waiver of an advance directive should be in the chart documentation. The process should also be denoted in the AD procedure.	
2.17	The SUDSP 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); 42 CFR 422.128(b)(1)(ii)(B) MDHHS Contract 7.10.5; Advance Directives	Policy, procedures, related written materials, Advance Directive brochure		
Enrollee Rights (Customer Service)					
3.1	Local communication with consumers regarding the role and purpose of the PIHP's Customer Services and Recipient Rights Office.	MDHHS Contract 6.3	Flyers, brochures, Member Handbook, other related documentation, intake packet		
3.2	Medicaid beneficiaries receive a Member Handbook when they first come to service. Thereafter, providers shall offer the most current version of the handbook annually at the time of person-centered planning, or sooner if substantial changes have been made to the handbook.	42 CFR 438.10(c)(4)(ii) MDHHS Contract P 6.3.1.1	Policy, procedures, current version of Member Handbook, and/or other written materials, Intake packet		
3.3	Consumers can choose their health care professional(s) to the extent possible and appropriate.	42 CFR 431.51	Policy language and/or other written materials related to consumer choice of treatment		

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
			professional; Member Handbook		
3.4	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);	LARA Recipient Rights brochure, policies, Member Handbook		
3.5	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)	LARA Recipient Rights brochures, Member Handbook, policy, and procedures		
3.6	A Provider not electing to provide, reimburse for, or provide coverage of, a counseling or referral service based on objections to the service on a moral or religious grounds 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 	42CFR438.10(g)(2)(ii)) (A)	Policy language or description of information about the service it does not cover		
3.7	The Provider's policies provide the enrollee the right to participate in the	42 CFR 438.100(b)(2)(iv)	LARA Recipient Rights brochure, policy, Member Handbook, procedures		

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
	decisions regarding his or her healthcare, including the right to refuse treatment.				
3.8	The Provider's 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)(iv)	LARA Recipient Rights brochure, policy, Member Handbook Policy		
3.9	The Provider ensures that consumers are free to exercise their rights in a manner that does not adversely affect their services	42 CFR 438.100(c);	LARA Recipient Rights brochure, policy, Member Handbook Policy		
3.10	Require the program director to designate a staff member to function as the program rights advisor	R 325.1397(1)(a)	Policy, other related documentation	SUD Recipient Rights Policy (LARA Requirement)	
3.11	There is evidence that the Recipient Rights Advisor has been trained on the recipient rights procedures.	R 325.1397(1)(a)(i)	Policy, proof/description of training, other related documentation	proof of training for the Advisor	
3.12	The Recipient Rights Advisor receives and investigates all recipient rights complaints independent of interference or reprisal from the program administration.	R 325. 1397(1)(a)(ii)	Policy, procedures, other related documentation		
3.13	The Recipient Rights Advisor communicates directly with the coordinating agency rights consultant when necessary.	R 325. 1397(1)(a)(iii)	Policy, other related documentation, procedures		
3.14	Copies of recipient rights policies and procedures shall be provided to each member of the program staff. A signed copy shall be maintained in the staff personnel file and a signed copy shall be retained by the staff member.	R 325. 1397(2)	Policy, other related documentation, procedures, sample document provider utilizes for staff files		

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
Grievance and Appeals					
4.1	There are publicized and available appeal mechanisms for consumers	42 CFR Subpart F - Grievance and Appeal System. MDHHS Grievance & Appeal Technical Requirements	Policy, Member handbook, MDHHS notification letters, evidence of written materials related to appeal mechanisms,		
4.2	Notification of a denial is sent to both the consumer and the provider as applicable. This notification of a denial includes a description of how to file an appeal.	MDHHS Grievance & Appeal Technical Requirements	Policy and procedure, notification of denial letter, related written materials		
4.3	Incentives are not present for the denial, limitation, or discontinuation of services to any consumer.	42 CFR 438.404(c); MDHHS Grievance & Appeal Technical Requirements	Policy, procedures, Member Handbook		
4.4	Consumers are provided with written adequate notice of action regarding authorization of services: at the time of the decision to deny payment for a service (on the same date the action takes effect); at the time of the signing of the individual plan of services/supports; within 14 calendar days of the request for a standard service authorization if the decision will deny or limit services; and within 72 hours of the request for an expedited service authorization if the decision will deny or limit services	42 CFR 438.210(c); 42 CFR 438.404; MDHHS Grievance & Appeal Technical Requirements	Policy/procedure, copy of ABD template	Reviewer to ensure policies and procedures identify/include the number of days when notice will be sent	

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
4.5	Provider must utilize state developed Adverse Benefit Determination provided by MDHHS.	42 CFR 438.404(b), etc.; MDHHS Grievance & Appeal Technical Requirements, MSHN SUD Provider Manual	Policy/procedure, sample notices	Reviewer will tie this score to the ABD letter supplemental review when applicable	
4.6	Consumers are provided with written notice of action 10 calendar days before the intended action will take effect, when an action is being taken to reduce, suspend, or terminate previously authorized services	42 CFR 438.404(c), etc.; MDHHS Grievance & Appeal Technical Requirements	Policy/procedure, local notice templates	Reviewer to ensure policies and procedures identify/include the number of days when notice will be sent	
4.7	Consumers are given reasonable assistance to complete forms and to take other procedural steps to file a grievance, appeal, and/or State Fair Hearing request. This includes but is not limited to providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.	42 CFR 438.406(a); MDHHS Grievance & Appeal Technical Requirements	Policy/procedure, Member Handbook		
4.8	A local appeal process has been established for Medicaid consumers to appeal action, and consumers are informed of the availability of this process.	42 CFR 438.402(a); MDHHS Grievance & Appeal Technical Requirements; 42 CFR 438.410(c)	Policy/procedure, Member Handbook	Reviewer will look for the actual procedure for provider local appeals i.e., the internal process once an appeal is received including ensuring person not involved with the client reviews and who has final authority to approve/deny	
4.9	An expedited appeal process has been established for Medicaid consumers to	42 CFR 438.410(c); MDHHS Grievance	Policy/procedure	Reviewer will look for the actual procedure for provider local appeals	

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
	appeal an action, and consumers are informed of the availability of this process.	& Appeal Technical Requirements		i.e., the internal process once an appeal is received including ensuring person not involved with the client reviews and who has final authority to approve/deny	
4.10	If a request for an expedited resolution of an appeal is denied, the Provider: •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 Grievance & Appeal Technical Requirements; 42 CFR 438.410(c);	Policy, procedure		
4.11	Receipt of each grievance and appeal is acknowledged. The state developed acknowledgement letters provided by MSHN are utilized.	42 CFR 438.400; MDHHS Grievance & Appeal Technical Requirements	Policy, procedure, sample notices	Reviewer will tie score for this standard to sample grievance and appeal review (if applicable) along with policy and other evidence provided	
4.12	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. The state developed MSHN resolution notice letters provided by MSHN are utilized	42 CFR 438.408; MDHHS Grievance & Appeal Technical Requirements	Policy/procedure, sample notices	Reviewer will tie score for this standard to sample grievance and appeal review (if applicable) along with policy and other evidence provided	
4.13	Oral requests for a local appeal of an action are accepted and confirmed in writing (unless the consumer requests	42 CFR 438.400; MDHHS Grievance	Policy, procedure		

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
	expedited resolution for which oral response is allowed).	& Appeal Technical Requirements			
4.14	Maintain a log of all grievances and requests for appeal to allow reporting to the PIHP Quality Improvement Program that ensures individuals who make the decisions on appeal were not involved in the previous level review or decision-making.	42 CFR 438.416; MDHHS Grievance & Appeal Technical Requirements; 42 CFR 438.405(a)	Policy, procedure, log, or log template if have no reported grievances and appeals	Reviewer will want to see sample log even if there are no grievance/appeals filed to ensure that there is a process	
4.15	The content of notices of disposition includes an explanation of the results of the resolution and the date it was completed. When the appeal is not resolved wholly in favor of the consumer, the notice of disposition must also include: • the right to request a state fair hearing, and how to do so; • the right to request to receive benefits while the state fair hearing is pending, if requested within 10 days of the mailing the notice of disposition, and how to make the request; and the consumer may be held liable for the cost of those benefits if the hearing decision upholds the action.	42 CFR 438.408(d)(2)(i); 42 CFR 438.408(e); MDHHS Grievance & Appeal Technical Requirements	Policy, procedure and copy of MSHN disposition letter templates, Fair Hearings Form		
4.16	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 the appeal denial notice) for filing a request.	42 CFR 438.414; 42 CFR 438.10(g)(1); MDHHS Grievance & Appeal Technical Requirements	Policy, procedure and copy of disposition letter templates, Fair Hearings Form	Reviewer will ensure policy has timeframe language	

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
4.17	The Provider issues acknowledgement of grievance and appeals, Adverse Benefit Determination and disposition notices within timeframes specified by and according to MSHN Medicaid Beneficiary Appeals and Grievances Policy.	MSHN Medicaid Beneficiary Appeals and Grievances Policy; MDHHS Grievance & Appeal Technical Requirements	Policy, procedure, log, or log template if have no reported grievances and appeals	Reviewer will ensure that templates are mentioned in policy to ensure that staff are aware they exist. Reviewer to also ensure that correct versions of templates are used.	
Compliance					
5.1	The Provider has an implemented Compliance Plan in accordance with state and federal laws and guidelines.	MSHN SUD Contract, II. Treatment Service Obligations of the Provider, C. Other Provisions, 21. Program Compliance, MDHHS/PIHP Contract, CFR 438.608; R325.1343	Compliance Plan		
5.2	There are written policies, procedures, and standards of conduct that articulates the organizations commitment to comply with all applicable Federal and State standards, and to guard against fraud and abuse.	MSHN SUD Contract, MDHHS/PIHP Contract, CFR 438.608	Compliance Plan, Policies, Procedures		
5.3	There are clearly defined practices that provide for prevention, detection, investigation, and remediation of any compliance related matter.	MSHN SUD Contract, MDHHS/PIHP	Compliance Plan, Policies, Procedures	Reviewer to look for procedure provider uses to meet this standard rather than just a general statement-	

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
		Contract, CFR 438.608		what practices does provider use for prevention, detection, etc.	
5.4	There is a designated Compliance Officer and a Compliance Committee that are accountable to senior management.	MSHN SUD Contract; MDHHS/PIHP Contract, CFR 438.608	Compliance Plan, Policies, Procedures		
5.5	The Compliance Officer and organization's employees have received appropriate compliance related training and education, including training on the compliance plan and related policies and procedure.	MSHN SUD Contract; MDHHS/PIHP Contract, CFR 438.608	Compliance Plan, Policies, Procedures		
5.6	There are well publicized disciplinary guidelines and enforcement standards related to compliance.	MSHN SUD Contract; MDHHS/PIHP Contract, CFR 438.608	Compliance Plan, Policies, Procedures		
5.7	There is a process for routine internal monitoring and auditing of compliance risks and prompt reporting of compliance related issues.	MSHN SUD Contract; MDHHS/PIHP Contract, CFR 438.608	Compliance Plan, Policies, Procedures	How/who conducts monitoring and how is risk established	
5.8	There is a process for a prompt response to detected compliance related offenses and the requirement of plans of correction as needed.	MSHN SUD Contract; MDHHS/PIHP Contract, CFR 438.608	Compliance Plan, Policies, Procedures		
5.9	The Provider has a process in place to ensure immediate reporting to the MSHN	MSHN SUD Contract;	Compliance Plan, Policies, Procedures		

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
	Compliance Officer regarding any suspicion of knowledge of Medicaid fraud and abuse prior to attempting to investigate or resolve the alleged fraud and/or abuse.	MDHHS/PIHP Contract, CFR 438.608			
5.10	The Provider 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.	MSHN SUD Contract; MDHHS/PIHP Contract, CFR 438.608	Compliance Plan, Policies, Procedures		
5.11	The Provider has current (without provisions) and appropriate accreditation status.	MSHN SUD Contract; MDHHS/PIHP Contract, CFR 438.608	Accreditation Verification		
QUALITY					
6.1	The Provider maintains a process for evaluating consumer experiences, identifying sources of dissatisfaction, taking specific action as needed, outlining systemic actions steps, monitoring for effectiveness and communicating results.	MSHN SUD Contract; MSHN Quality Assessment and Performance Improvement Program MDHHS Quality Assessment and Performance Improvement Programs Technical Requirement	Compliance Plan, QAPIP Plan and Report(analysis). Policies, Procedures, Analysis of the consumer experience/satisfaction data with action steps identified as needed.	Evidence must provide the process for evaluation of the consumer experience and a report(analysis) including the standard, performance, interventions to improve performance. The MSHN survey can be used if there is evidence of reviewing internally and actions taken if needed.	

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
6.2	The Provider has a process to identify, review, analyze, and report adverse events within the required time frames to external entities as required. Sentinel events Critical Events Events requiring immediate notification as defined by MSHN.	MSHN SUD Contract, MSHN Quality Assessment and Performance Improvement Program. MDHHS QAPIP Technical Requirement, MSHN Incident Review Policy	Policy/procedure, evidence of tracking/submission of events, performance reports	Ensure documentation has a process to identify, review and report the required events as identified in MSHN Incident Review Policy for SUD. Quality Incidents SUD Providers.pdf Primary Source Verification of submitted events (Sentinel/Critical/Emergency Physical intervention). Timeliness. Include the results of the Primary Source Verification in this standard. Applies to 24-hour Residential	
6.3	The Provider has a process to identify all sentinel events (within 3 business days of the incident) and initiating a root cause analysis (RCA) (within 2 business days of the identification of the sentinel event) and report to MSHN in the required timeframes.	MSHN SUD Contract, MDHHS/PIHP Contract	QAPIP plan and report, Policy, Procedures, Data review-Incident Reports, Tracking system, and RCA when applicable	Ensure written documentation includes a process for reviewing the event and reporting the event to MSHN. It should include the required timeframes of sentinel event identified within 3 business days of the incident. If sentinel a root cause analysis must commence within 2 business days. Applies to SUD 24-hour residential Primary source Verification of submitted events; Review of incident report or tracking to ensure policy/procedure is implemented. Quality Sentinel Events.pdf	
6.4	Michigan Mission Based Performance Indicator System (MMBPIS) - The Provider completes accurate documentation in	MSHN SUD Contract, Quality Assessment	Policy/Procedure, QAPIP, Performance Reports	Written documentation should include coordination and planning after discharge from Detox. Primary Source	

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
	REMI consistent with MMBPIS requirements.	Performance Improvement Plan, Policy and procedures Michigan Mission Based Performance Indicators System Policy/Codebook		Verification of records entered and submitted. Reviewer to review sample selection and specifically review discharge entries in REMI for accuracy.	
Individual Treatment, Recovery Planning, Documentation Standards					
7.1	Provider has policies/procedures in place to ensure that the individual needs of each client and their unique strengths are included in the treatment/recovery plan.	BSAAS Policy #06, p. 2 of 5	Policy/Procedure		
7.2	Goals and objectives will be written using SMART criteria. (S- Specific, M- Measurable, A- Attainable, R- Relevant, T- Time-bound)	Treatment Policy #06: Individualized Treatment Planning	Policy/Procedure		
7.3	The client, counselor, and other involved individuals, such as significant others, family, and mental health providers, must sign the form indicating understanding of the plan and the expectations.	BSAAS Policy #06, p. 2 of 5	Policy/Procedure		
7.4	Each individual receiving services will have an individual plan of service which outlines the services to be received, including the amount, scope, and duration.	MSHN SUD Provider Manual, Individualized Treatment Planning section	Policy/Procedure		

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
7.5	A recipient shall participate in the development of his or her treatment plan as evidenced by: a. Person is present and participating during plan development b. Goals and objectives reflect person-first language.	Treatment Policy #06, PA 368 of 1978, Recipient Rights Rules, Section 305(1)], p. 1 of 5	Policy/Procedure		
7.6	Throughout the treatment process, as the client's needs change, the plan must be revised to meet the new needs of the client.	BSAAS Policy #06, p. 2 of 5	Policy/Procedure		
7.7	Any individual or group sessions that the client participates in must address or be related to the goals and objectives in the individual's plan.	Treatment Policy #06: Individualized Treatment Planning, 2012, p. 3 of 5	Policy/Procedure		
7.8	Progress notes include documentation of consumer's progress, or lack of, as it relates to the plan goals/objectives.	Treatment Policy #06, p. 4 of 5	Policy/Procedure		
7.9	<u>Frequency of Treatment Plan Reviews</u> Outpatient: Periodic Review of outpatient treatment plans should be within 90 days, but for more intensive services (e.g., IOP) and/or based on higher intensity client needs, more frequent reviews are required. Residential/Withdrawal Management: Periodic review of residential/withdrawal management treatment plans should take place every seven (7) days for	MI Administrative Rules R 325.1363(2) Treatment plans, excluding CAIT and SARF MSHN Provider Contract ASAM Criteria	Policy/Procedure Treatment Plan Review Document	Policy/Procedure and staff training should reflect that provider has a process in place for ensuring treatment plans are reviewed at the required frequency. Ideally, provider has a process in place for tracking timeliness/due dates of treatment plan reviews	

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
	residential/withdrawal management services.				
7.10	Treatment plan reviews are reflective of the review time frame progress notes and record information; include rationale for continuing or discontinuing goals/objectives; identify new objectives/goals; include evidence of consumer feedback; include signatures of consumer, counselor, and other relevant parties as is relevant.	BSAAS Policy #06	Policy/Procedure, Treatment Plan Review Document		
7.11	<u>Fetal Alcohol Spectrum Disorder (FASD)</u> Policies and procedures are in place to: a) Prescreen for potential FASD of all dependent children b) Prescreen for potential FASD for all children with whom PROVIDER has contact, c) Prescreen for potential FASD when family situations or histories may indicate a need for a referral for a diagnostic evaluation.	MDHHS Treatment Policy #11, FY22 MDHHS Treatment Contract	Policy/Procedure, Pre-screen(s), Referrals Prevention Activities, (Description, curriculum, etc.)		
7.12	<u>FASD</u> Policies and procedures include The possibility of prenatal exposure should be considered for children in families who have experienced one or more of the following (i) Premature maternal death related to alcohol use (either disease or trauma) (ii) Living with an alcoholic parent	MDHHS Treatment Policy #11, FY22 MDHHS Treatment Contract	Policy/Procedure, Pre-screen(s), Referrals, Prevention Activities (Description, curriculum, etc.)		

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
	(iii) Current or historical abuse or neglect (iv) Current or historical involvement with Child Protective Services (v) History of transient care giving institutions or (iv) Foster or adoptive placements (including kinship care) and d) Include FASD prevention into treatment regimen. Including providing education on the risks of drinking during pregnancy				
7.13	<u>Medication Assisted Treatment</u> Provider promotes a MAT-inclusive treatment philosophy as evidenced by policies and procedures that ensure: <ul style="list-style-type: none"> • All persons who are eligible to receive treatment are served including those who use MAT as part of their recovery plan. • There is no precondition or pressure to adopt an accelerated tapering schedule and/or a mandated period of abstinence as a condition of receiving treatment. • Disparaging, delegitimizing, and/or stigmatizing of MAT is prohibited with individual clients or in the public domain. 	MSHN SUD Provider Manual FY20, Medication Assisted Treatment section.	Policy/Procedure(s), Chart Documentation, Training, Evidence of Collaboration Agreements with MAT & Non-MAT Providers		
7.14	Cultural competency is evident by (1) sufficient policy and procedure to reflect the value and practice expectations; (2) a method of service assessment and	MSHN SUD Provider Manual – Cultural	Policy/Procedure	Ensure all four items are included in policy/procedure.	

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
	monitoring; (3) ongoing training to assure that staff are aware of, and able to effectively implement, policy; and (4) the provision of supports and services within the cultural context of the recipient.	Competency section. PIHP Contract		If some, but not all the elements are present, the standard is partially compliant. If there is not a policy/procedure or none of the elements are present, the standard is not compliant.	
Coordination of Care					
8.1	Provider has policies and procedures in place to ensure effective care coordination is occurring including duties associated with transferring Clients	MSHN SUD Manual	Policy/Procedure	Activities designed to ensure needed, appropriate, and cost-effective care for beneficiaries. As a component of overall care management, care coordination activities focus on ensuring timely information, communication, and collaboration across a care team and between Responsible Plans. Major priorities for care coordination in the context of a care management plan include: · Outreach and contacts/communication to support patient engagement, · Conducting screening, record review, and documentation as part of Evaluation and Assessment, · Tracking and facilitating follow-up on lab tests and referrals, · Care Planning, · Managing transitions of care activities to support continuity of care, · Address social supports and making linkages to services addressing housing, food,	

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
				etc., and Monitoring, Reporting and Documentation	
8.2	Provider has policies and procedures in place to ensure effective care coordination Is occurring services including duties associated with accepting/Sending/Denying Referrals	MSHN SUD Manual	Policy/Procedure		
8.3	Provider has policies and procedures in place to ensure effective care coordination Is occurring services including duties associated with Treatment Planning for Individual/Family	MSHN SUD Manual	Policy/Procedure		
8.4	Provider has policies and procedures in place to ensure effective care coordination Is occurring services including duties associated with exchanging pertinent information with other providers involved in the person's care (with signed consent)	MSHN SUD Manual	Policy/Procedure		
8.5	Provider has policies and procedures in place to ensure effective care coordination Is occurring services including duties associated with Discharge Planning	MSHN SUD Manual	Policy/Procedure		
8.6	Coordination of care involves Primary Care Physician involvement in the treatment planning process and/or linkage/referral/follow up to a primary	MSHN SUD Manual	Policy/Procedure	Must be evidence of active attempts by provider to offer referral to primary care and/or coordinate with current primary care provider. A signed	

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
	care physician if one is not identified by the client.			consent is not sufficient if there is no evidence of SUD provider efforts to exchange information.	
8.7	Provider has Communicable Disease procedures in place to assure: All recipients of SUD services, infected by mycobacterium tuberculosis receives a referral for medical evaluation and treatment. All clients entering treatment are screened for HIV/AIDS, STD/Is, TB, hepatitis and provided with information about risk. At the point of entrance, clients identified to have high-risk behaviors, receive information on resources and referral to testing and treatment.	BSAAS Policy 2, pg. 2 of 3	Policy/Procedure	Policy includes all four requirements: 1. Screening for HIV/AIDS, STD/Is, TB, and hepatitis risks. 2. If screening indicates high risk behaviors, the person is given information on resources and referrals for testing and treatment. 3. People infected with TB receive referrals for medical evaluation and treatment. 4. These items are completed at admission.	
8.8	MDOC Referred Individuals Only: Providers have processes in place to coordinate care with client's supervising agents when referred by MDOC.	MDHHS Contract, MSHN Treatment Contract	Policy, procedures		
Provider Staff Credentialing					

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
9.1	<p>Agency has processes in place requiring that an individual file be maintained for each credentialed provider and each file include:</p> <ol style="list-style-type: none"> 1. The initial credentialing and all subsequent re-credentialing applications. 2. Information gained through primary source verification. <p>Any other pertinent information used in determining whether or not the provider met credentialing standards</p>	MDHHS Credentialing and Re-Credentialing Processes MSHN Policies and Procedures	Policy/procedures, Sample of records	Reviewer to ensure that history of applications is maintained in individual employee files.	
9.2	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	MSHN Contract R 325. 1345	Policy/Procedure, Sample of records	Score of standard is tied to Staff training file review.	
9.3	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	MDHHS Credentialing and Re-Credentialing Processes MSHN Policies and Procedures MSHN Criminal Background Check Procedure, MSHN	Policy/Procedure, Sample of records	<p>MSHN will review to ensure that the CBC was conducted as a condition of employment i.e. prior to hire/start date.</p> <p>If a CBC indicates a criminal record, Reviewer will look for sign off by a CEO/President/or designated individual outlined in policy procedure showing that it was approved and was verified that the crime and/or</p>	

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
	and regulations. Use of OTIS is not an appropriate resource.	Disqualified Providers Policy		timeframe of crime was not a crime that would disqualify the provider from providing services.	
9.4	Provider agency that directly employs or contracts with an individual to provide prevention or treatment services conducts an ongoing verification of credential(s), monitoring development plans, and compliance with CE requirements	MDHHS Credentialing and Re-Credentialing Processes MSHN Policies and Procedures	Policy/Procedure, Sample of records		
9.5	SUD Providers Only: All individuals performing staff functions must: 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 3) Be functioning under a time-limited plan	SUD Policy Manual IV. Credentialing and Staff Qualification Requirements	Policy/Procedure, Sample of records		
9.6	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,	MDHHS Credentialing and Re-Credentialing Processes MSHN Policies and Procedures	Policy/Procedure, Sample of records		

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
	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				
9.7	Initial credentialing policies, procedures, and personnel file review reflect full compliance with initial credentialing requirements as outlined in P7.1.1 and MSHN policies and procedures.	MDHHS Credentialing and Re-Credentialing Processes MSHN Policies and Procedures	Policy/Procedure, Sample of records	Reviewer will look to ensure all elements of the application are included along with all primary source verification requirements as outlined in MSHN Credentialing Licensed Independent Practitioner procedure	
9.8	Temporary or Provisional credentialing policies, procedures, and personnel file review reflect full compliance with requirements as outlined in P7.1.1 and MSHN policies and procedures.	MDHHS Credentialing and Re-Credentialing Processes MSHN Policies and Procedures	P Policy/Procedure, Sample of records	Reviewer will look to ensure all elements of the application are included along with all primary source verification requirements as outlined in MSHN Credentialing Licensed Independent Practitioner procedure	
9.9	Re-credentialing policies, procedures, and personnel files reflect full compliance with requirements as outlined in P7.1.1 and MSHN policies and procedures	MDHHS Credentialing and Re-Credentialing Processes MSHN Policies and Procedures	Policy/Procedure, Sample of records	Reviewer will look to ensure all elements of the application are included along with all primary source verification requirements as outlined in MSHN Credentialing Licensed Independent Practitioner procedure	
9.10	Policy and procedures address the requirement for the agency to inform a LIP or organizational provider in writing of	Credentialing and Re-Credentialing Processes, MSHN	Policy/Procedure, Sample of records, Copy of Written Notice	Reviewer will look for this language primarily in policy and if not in policy-	

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
	the reasons for the agency adverse credentialing decisions.	Credentialing Policy and Procedures		examples of other evidence should be provided.	
9.11	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 practitioner conduct which results in suspension or 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	MDHHS Contract Attachment P7.1.1, MSHN Credentialing Policy and Procedures	Policy/Procedure	This should be in a credentialing policy or procedure; however, reviewer has been given an agency compliance plan as evidence where language is outlined.	
9.12	Agency shall not assign a consumer to any LIP who has not fully complied with credentialing process.	MDHHS Credentialing and Re-Credentialing Processes MSHN Policies and Procedures	Policy/Procedure		
9.13	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 of re-credentialing or contract renewal. Agency must search at least monthly the OIG exclusion database to ensure individuals or entity has not been	MDHHS Credentialing and Re-Credentialing Processes MSHN Policies and Procedures, MSHN Background Check procedure, MSHN Contract	Policy/Procedure; Sample of records	Reviewer will look for primary source verification of exclusion/sanction verification prior to employment. Additionally, provider will want to see evidence of monthly checks – this can be provided for the staff selected in the file review. A 3-month sample is acceptable.	

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
	excluded from participating in federal health care programs. Monthly review of GSA and MDHHS exclusion lists				
9.14	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 other agreements must contain language that requires disclosure of any such convictions to agency.	MDHHS Credentialing and Re-Credentialing Processes MSHN Policies and Procedures, MSHN Criminal Background Check procedure, MSHN Contract	Copy of Disclosure Statement, Policy/Procedure		
9.15	Agency has in a place a process to monitor for mid-cycle license and certification expirations.	MSHN Policies and Procedures	Policy/Procedures, Sample of records	This process/procedure is typically included in the credentialing policies/procedures. Or there is evidence of how license and certifications are tracked by the agency to ensure that there is not mid-cycle relapse of providers.	
9.16	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	Reviewer will look for the procedure for appeals related to adverse credentialing outlining the provider process- not just general language that an appeal can be filed. A sample of an appeal can be provided as evidence as well.	

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
9.17	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	Policy/Procedure	Reviewer will look to see specifically what the agency specified timeframe is from receiving the credentialing application to point of decision making and informing the individual. MSHN procedure states 31 days.	
9.18	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	Policy/Procedures	Reviewer will look for date of approval based on type of entity i.e., meeting minutes of Board or signature of CEO with date.	
9.19	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		
8.20	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		
9.21	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	Reviewer will look for this primarily in policy, and, if applicable, evidence this was completed.	
9.22	The Agency must ensure the credentialing and re-credentialing processes do not discriminate against:	MDHHS Credentialing and Re-Credentialing Processes	Policy/Procedure		

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
	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.				
Information Technology Compliance					
10.1	IT Compliance/IT Management The provider has written and approved policies for the following: <ul style="list-style-type: none"> • Disaster recovery Policy and Procedure • Record Retention Policy • Employee acceptable use of IT resources • Employee termination (IT section of the HR policy covering termination) 	HIPAA Security and Privacy, 45 CFR Parts 160 & 164 Subparts A, C & E, SUD Contract- BAA requirements, MDHHS/PIHP Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver contract: Performance Expectations and AFP attestation	Policies, procedures	MSHN will verify that the SUD provider has a disaster recovery plan in place if office entry is not possible and documents, files, etc. are not accessible. MSHN will verify that provider has a record retention policy that meets or exceeds requirements. MSHN will verify that provider informs staff of acceptable use of IT resources within the provider agency. This is typically found in the initial hiring documentation and policy/procedure. MSHN will verify that there is an employee termination process established that ensures MSHN is informed of employee departure to disable access to any programs such as REMI, Box, etc.	
TRAUMA INFORMED CARE					

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
11.1	TRAUMA INFORMED CARE The provider has written and approved policies and procedures for implementation of a trauma-informed culture	MDHHS Trauma Policy	Policy, procedures		
11.2	Implementation of an organizational self-assessment every three years.	MDHHS Trauma Policy	Results of self-assessment tool		
11.3	Adoption of approaches and procedures to prevent and address secondary/vicarious trauma	MDHHS Trauma Policy	Policy, procedures	Environmental Factors, Supervision, Notes/Techniques, Other Examples as warranted	
11.4	Use of population and age-specific trauma-informed screen and assessment tool	MDHHS Trauma Policy	Policy/procedure	Examples that can be used: ACES, CTAC	
11.5	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	Policy, procedures	Seeking Safety (Co-Occurring), DBT	
11.6	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		