MSHN
Mid-State Health Network

2023 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	Policy/procedure identifies 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 policy/procedure provides appropriate process based on • 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	Policy/procedure details the process by which individuals approaching the access system are informed of available service options and how to access services"	Access System Standards	Policy, procedure		
1.4	Policy/procedures identifies a professional screening is conducted at the point of first contact using the	PIHP Contract Access System	Policy/Procedure, Brief Screening and REMI LOC Determination	Policy/procedure and staff training should specifically identify that REMI LOC Determination is being	

MSHN
Mid-State Health Network

#	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 Level of Care Determination resulting in a provisional eligibility determination and ASAM level of care recommendation.	Standards, SUD Provider Contract		used for all individuals who request services. Providers should not be using "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 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 438.100;42 CFR. 438.10(c)(1); 42 CFR 438.10(d)(1)(i); MDHHS Contract 6.3.2 42 CFR4438.10(b)(3)	Policy, procedure, Method used to ensure the readability level Report/tracking of verifying reading 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,	42 CFR 438.10(d)(1)(ii);	Samples of written materials in alternative		

#	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
	including those with vision impairments or limited reading proficiency as required by the ADA.	MDHHS Contract 6.3.2	formats, materials tracking spreadsheet		
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	The consumer is provided information on the 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	The consumer is provided information on procedures for obtaining services including authorization requirements	42 CFR 438.210(b)(1)	Member Handbook, other related procedures/ documentation		

MSHN
Mid-State Health Network

#	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
2.9	The consumer is provided information on the 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	The consumer is provided information on the 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		
2.11	The consumer is provided information on 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	The consumer is provided information on 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	Member Handbook, other related procedures/ documentation		

MSHN
Mid-State Health Network

#	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
		Sharing (42 CFR 447.50 - 447.90)			
2.13	The consumer is provided information on how to obtain additional information, 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.	
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	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		

#	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
	refuse treatment, and the right to formulate advance directives				
Enrollee Rights (Customer Service)					
3.1	Local communication occurs 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 are allowed to 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 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	42 CFR 438.100(b)(2)(iii)	LARA Recipient Rights brochures, Member Handbook, policy, and procedures		

MSHN
Mid-State Health Network

#	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
	manner appropriate to the enrollee's condition and ability to understand.				
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: • 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 decisions regarding his or her healthcare, including the right to refuse treatment.	42 CFR 438.100(b)(2)(iv)	LARA Recipient Rights brochure, policy, Member Handbook, procedures		
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		

MSHN
Mid-State Health Network

#	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
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	The program shall have a policy and procedure to ensure compliance with recipient rights requirements and a staff member identified 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.	R 325. 1397(1)(a)(ii)	Policy, procedures, other related documentation		
3.13	The Recipient Rights Advisor communicates directly with the regional rights consultant when a complaint cannot be resolved at the program level.	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. Each staff member shall review the policies and procedures and shall sign a form that indicates that he or she understands and shall abide by the policies and procedures. A signed copy	R 325. 1397(2)	Policy, other related documentation, procedures, sample document provider utilizes for staff files		

MSHN
Mid-State Health Network

#	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
	shall be maintained in the staff personnel file.				
Grievance and Appeals					
4.1	There are publicized and available grievance and appeal mechanisms for consumers	42 CFR Subpart F - Grievance and Appeal System. MDHHS Appeal and Grievance Resolution Processes Technical Requirement	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 Appeal and Grievance Resolution Processes Technical Requirement	Policy and procedure, notification of denial ABD 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 Appeal and Grievance Resolution Processes Technical Requirement	Policy, procedures, Member Handbook		
4.4	Consumers are provided with written adequate notice of action regarding	42 CFR 438.210(c); 42 CFR 438.404;	Policy/procedure, copy of ABD template	Reviewer to ensure policies and procedures identify/include the	

#	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
	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	MDHHS Appeal and Grievance Resolution Processes Technical Requirement		number of days when notice will be sent	
4.5	Provider must utilize state developed Adverse Benefit Determination provided by MDHHS.	42 CFR 438.404(b), etc.; MDHHS Appeal and Grievance Resolution Processes Technical Requirement MSHN SUD Provider Manual	Policy/procedure, sample notices	Reviewer will tie this score to the ABD letter supplemental review when applicable	
4.6	The Adverse Benefit Determination notice meet the language and alternative format needs of the consumer.	42 CFR 438.10, MDHHS Appeal and Grievance Resolution Processes Technical Requirement	Review of ABD letters		

MSHN
Mid-State Health Network

#	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
4.7	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 Appeal and Grievance Resolution Processes Technical Requirement	Policy/procedure, local notice templates	Reviewer to ensure policies and procedures identify/include the number of days when notice will be sent	
4.8	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 Appeal and Grievance Resolution Processes Technical Requirement	Policy/procedure, Member Handbook, ABD Letter template		
4.9	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 Appeal and Grievance Resolution Processes Technical Requirement ; 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	
4.10	An expedited appeal process has been established for Medicaid consumers to	42 CFR 438.410(c); MDHHS Appeal and	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.	Grievance Resolution Processes Technical Requirement		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	
4.11	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 Appeal and Grievance Resolution Processes Technical Requirement ; 42 CFR 438.410(c);	Policy, procedure		
4.12	Receipt of each grievance and appeal is acknowledged. The state developed acknowledgement letters provided by MSHN are utilized.	42 CFR 438.400; MDHHS Appeal and Grievance Resolution Processes Technical Requirement	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	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	42 CFR 438.408; MDHHS Appeal and Grievance Resolution	Policy/procedure, sample notices	Reviewer will tie score for this standard to sample grievance and appeal review (if applicable) along	

#	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
	made. The state developed resolution notice letters provided by MSHN are utilized	Processes Technical Requirement		with policy and other evidence provided	
4.14	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 Appeal and Grievance Resolution Processes Technical Requirement	Policy, procedure		
4.15	Maintain a log of all 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 Appeal and Grievance Resolution Processes Technical Requirement ; 42 CFR 438.405(a)	Policy, procedure, log, or log template if have no reported grievances and appeals, sample of quarterly G&A reports, REMI Log	MSHN SUD maintains log in REMI. Reviewer to review SUD process for ensuring this is completed.	
4.16	Maintain a log of all grievances to allow reporting to the PIHP Quality Improvement Program that ensures individuals who make the decisions on grievance were not involved in the previous level review or decision-making.	42 CFR 438.416; MDHHS Appeal and Grievance Resolution Processes Technical Requirement	Policy, procedure, log, or log template if have no reported grievances and appeals, sample of quarterly G&A reports	MSHN SUD maintains log in REMI. Reviewer to review SUD process for ensuring this is completed.	

#	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
		; 42 CFR 438.405(a)			
4.17	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: • 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 Appeal and Grievance Resolution Processes Technical Requirement	Policy, procedure and copy of MSHN disposition letter templates, Fair Hearings Form		
4.18	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 the appeal denial notice) for filing a request.	42 CFR 438.414; 42 CFR 438.10(g)(1); MDHHS Appeal and Grievance Resolution Processes Technical Requirement	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
4.19	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 Appeal and Grievance Resolution Processes Technical Requirement	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	MSHN SUD Contract, MDHHS/PIHP Contract, CFR 438.608	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
	applicable Federal and State standards, and to guard against fraud and abuse.				
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 Contract, CFR 438.608	Compliance Plan, Policies, Procedures	Reviewer to look for procedure provider uses to meet this standard rather than just a general statement- 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	Compliance Plan, Policies, Procedures	How/who conducts monitoring and how is risk established	

#	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			
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 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.	MSHN SUD Contract; MDHHS/PIHP Contract, CFR 438.608	Compliance Plan, Policies, Procedures		
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					

#	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
6.1	The Provider must have 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	QAPIP Plan and Report. Policies, Procedures An analysis which includes the results of the consumer experience/satisfaction survey with action steps taken as needed.	Evidence must include the process for evaluation of the consumer experience and include a report(analysis) of the results including interventions to improve performance. The MSHN survey can be used if there is evidence of reviewing internally and actions taken if needed.	
6.2	The Provider implements a process for identification, review, analysis, and reporting of critical events to external entities as required.	SUD Contract MDHHS QAPIP TR MSHN QAPIP Plan	Policy/procedure, evidence of tracking/submitting events, performance reports. Primary Source Verification of a sample of submitted events	MSHN Reviewer must be licensed clinician Residential/WM	
6.3	The Provider implements a process for identification, review, analysis, and reporting of sentinel events to external entities as required.	MSHN SUD Contract, MSHN QAPIP MDHHS QAPIP Technical Requirement,	Policy/procedure, evidence of tracking/submitting events, performance reports. Primary Source Verification of a sample of submitted events	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 Include the results of the Primary Source Verification in this standard. Applies to 24-hour	

#	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 (including 24-hour withdrawal management) MSHN Reviewer must be clinician.	
6.4	The Provider implements a process to identify sentinel events (within 3 business days of the incident), beginning a root cause analysis (RCA) (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.	MSHN SUD Contract, MDHHS QAPIP TR MSHN QAPIP Plan	QAPIP plan and report, Policy, Procedures, Data review-Incident Reports, primary source verification. 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/24-hour withdrawal management. Primary source Verification of submitted events; Review of incident report or tracking to ensure policy/procedure is implemented. Quality Sentinel Events.pdf MSHN Reviewer must be licensed clinician	
6.5	Michigan Mission Based Performance Indicator System (MMBPIS) - The Provider completes accurate documentation in REMI consistent with MMBPIS requirements.	MSHN SUD Contract, Quality Assessment Performance Improvement Plan, Policy and procedures	Policy/Procedure, QAPIP, Performance Reports	Written documentation should include coordination and planning after discharge from Detox. Primary Source Verification of records entered and submitted.	

#	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
		Michigan Mission Based Performance Indicators System Policy/Codebook		Reviewer to review sample selection and specifically review discharge entries in REMI for accuracy. MSHN Reviewer must be licensed clinician	
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	Frequency of Treatment Plan Reviews **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	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	

MSHN
Mid-State Health Network

#	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
	treatment plans should take place every fourteen (14) days for 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	**Fetal Alcohol Spectrum Disorder (FASD):** Policies/procedures in place to a) prescreen for potential FASD of all dependent children and b) provide FASD prevention & education	MDHHS Treatment Policy #11, FY22 MDHHS Treatment Contract	Policy/Procedure, Pre-screen(s), Referrals, Prevention Activities (Description, curriculum, etc.)	FASD 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 (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)	

MSHN
Mid-State Health Network

#	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
				Include FASD prevention into treatment regimen. Including providing education on the risks of drinking during pregnancy	
7.12	<u>Medication Assisted Treatment</u> Provider promotes a MAT-inclusive treatment philosophy as evidenced by policies and procedures that ensure: • 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		
7.13	Cultural competency is evident by (1) sufficient policy and procedure to reflect the value and practice expectations; (2) a method of service assessment and monitoring; (3) ongoing training to assure that staff are aware of, and able to effectively implement, policy; and (4) the	MSHN SUD Provider Manual – Cultural Competency section. PIHP Contract	Policy/Procedure	Ensure all four items are included in policy/procedure. 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 complaint.	

#	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
	provision of supports and services within the cultural context of the recipient.				
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 • Accepting/Sending referrals • Treatment Planning • Exchanging pertinent information with other provider's involved in the person's care (with signed release of information) • Discharging 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, etc., and·	

#	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, Reporting and Documentation	
8.2	Coordination of care involves Primary Care Physician involvement in the treatment planning process and/or linkage/referral/follow up to a primary care physician if one is not identified by the client.	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 consent is not sufficient if there is no evidence of SUD provider efforts to exchange information.	
8.3	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.	

#	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
8.4	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					
9.1	Agency has processes in place requiring that an individual file be maintained for each credentialed provider and each file include: 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 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 and policy/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
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 and regulations. Use of OTIS is not an appropriate resource.	MDHHS Credentialing and Re-Credentialing Processes MSHN Policies and Procedures MSHN Criminal Background Check Procedure, MSHN Disqualified Providers Policy	Policy/Procedure, Sample of records	MSHN will review to ensure that the CBC was conducted as a condition of employment i.e. prior to hire/start date. 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 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	SUD Policy Manual IV. Credentialing and Staff Qualification Requirements	Policy/Procedure, Sample of records		

MSHN
Mid-State Health Network

#	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) Have a registered development plan and be timely in its implementation; or 3) Be functioning under a time-limited plan				
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, 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	MDHHS Credentialing and Re-Credentialing Processes MSHN Policies and Procedures	Policy/Procedure, Sample of records		
9.7	Initial credentialing policies, procedures, and personnel file review reflect full compliance with initial	MDHHS Credentialing and	Policy/Procedure, Sample of records	Reviewer will look to ensure all elements of the application are included along with all primary	

#	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
	credentialing requirements as outlined in the MDHHS Credentialing and Re-credentialing guidelines and MSHN policies and procedures.	Re-Credentialing Processes MSHN Policies and Procedures		source verification requirements as outlined in MSHN Credentialing Licensed Independent Practitioner procedure 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.	
9.8	Temporary or Provisional credentialing policies, procedures, and personnel file review reflect full compliance with requirements as outlined in MDHHS Credentialing and Re-credentialing guidelines 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 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	

#	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
				information were collected, reviewed, and verified as necessary. MSHN to ensure language regarding MSHN Temporary privileging form is in policy and procedure and used in process as applicable.	
9.9	Re-credentialing policies, procedures, and personnel files reflect full compliance with requirements as outlined in MDHHS Credentialing and Re-credentialing guidelines 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 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. Verification of ongoing monitoring also included in this standard.	
9.10	Policy and procedures address the requirement for the agency to inform a LIP or organizational provider in writing	Credentialing and Re-Credentialing Processes, MSHN Credentialing	Policy/Procedure, Sample of records, Copy of Written Notice	Reviewer will look for this language primarily in policy and if not in policy- examples of other evidence should be provided.	

#	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
	of the reasons for the agency adverse credentialing decisions.	Policy and Procedures			
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 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	MDHHS Credentialing and Re-Credentialing Processes, 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 or re-credentialing or contract renewal.	MDHHS Credentialing and Re-Credentialing Processes MSHN Policies and Procedures, MSHN Background Check	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	

#	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
	Agency must search at least monthly 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	procedure, MSHN Contract		selected in the file review. A 3-month sample is acceptable.	
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	MDHHS Credentialing and	Policy/Procedure, Sample of records	Reviewer will look for the procedure for appeals related to adverse credentialing outlining the provider	

MSHN
Mid-State Health Network

#	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
	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.	Re-Credentialing Processes		process- not just general language that an appeal can be filed. A sample of an appeal can be provided as evidence as well.	
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	MDHHS Credentialing and Re-Credentialing Processes	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
	agency's decision in its administrative 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: 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		
Information Technology Compliance					
10.1	IT Compliance/IT Management The provider has written and approved policies for the following: • Disaster recovery Policy and Procedure • Record Retention Policy • Employee acceptable use of IT resources	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	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	

#	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
	• Employee termination (IT section of the HR policy covering termination)	contract: Performance Expectations and AFP attestation		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					
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 Dual Diagnosis Capability in Addiction Treatment (DDCAT) 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	MDHHS Trauma Policy	Policy, procedures	Seeking Safety (Co-Occurring), Stephanie Covington, DBT	

#	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
	procedures to address building trust, safety, collaboration, empowerment, resilience, and recovery				
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		