

FY27 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
Information (Customer Service)					
1.1	Client Choice: The Provider shall have a document/procedure to 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.	42 CFR Part 2 42 CFR 438.100(a)(1) MDHHS/PIHP Contract	Procedure, Provider Choice Listing document provided to consumer, other related documentation		
1.2	Client Choice: Consumers can choose their health care professional(s) to the extent possible and appropriate.	42 CFR 438.3(l)	Policy language and/or other written materials related to consumer choice of treatment professional; Member Handbook		
1.3	Policy/Procedure for accessing the non-English language needs of individuals served and how to access interpreter services for all languages, free of course, to the client.	42 CFR 438.100(a)(1) 42 CFR 438.10(d)(4) MDHHS/PIHP Contract	Copy of policy/procedure that references process for accessing language needs of community and on how to access language interpreter services if needed.		
1.4	Reading Level: Provider has a method to ensure all informational materials, including those describing consumer rights, service requirements and benefits are provided in a manner and format that may be easily understood.	42 CFR 438.10(c)(1) 42 CFR 438.10(d)(1)(i) MDHHS/PIHP Contract	Method used to ensure the readability level such as MS Word accessibility review, state created materials, etc.		

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	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).				
1.5	Providers have examples of written materials available in alternative formats that consider the special needs of the consumer, including those with vision impairments, limited reading proficiency, or in prevalent non-English languages of the service area	42 CFR 438.10(d)(3)	Examples of alternative communications / written materials	Communication Accommodations: program has developed resources and incorporated features to overcome barriers for persons who have limited ability to communicate in standard English (i.e., LEP resources; bi-lingual staff; communication resources in alternative languages/formats [Braille, Spanish, audio enhancements, sign language communication; TDI; communication enhancement devices; signs; person served-specific communication techniques, etc.); interpreters]).	

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1.6	Advance Directives: Documentation or procedure to ensure 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 438.3(l) MDHHS/PIHP Contract	Policy/procedures		
1.7	Advance Directives: The Provider has a written advance directives policy and procedures.	42 CFR 422.128(a) 42 CFR 438.3(j)(2) MDHHS/PIHP Contract	Policy/procedures		

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1.8	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)	Policy/procedures		
1.9	Member Handbook: There is a procedure so that 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.	MDHHS/PIHP Contract, Appeal and Grievance Resolution Processes Technical Requirement 42 CFR 438.10(c)(4)(ii)	Procedures, current version of Member Handbook, and/or other written materials Intake Packet		
Recipient Rights					
2.1	Member materials, and applicable evidence 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		
2.2	There is a policy and procedure for client 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	42 CFR Subpart F - Grievance and Appeal System (438.400 - 438.424)	Policy/Procedure		

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	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 the consumer pending an appeal or hearing decision.				
2.3	Policy includes 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		
2.4	Policies provide the enrollee the right to participate in decisions regarding their services, right to refuse treatment without any form of coercion, discipline, convenience or retaliation.	42 CFR 438.100(b)(2)(iv)	LARA Recipient Rights brochure, Member Handbook, Policy		
2.5	Policies ensure 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, Member Handbook, Policy		
Grievance and Appeals					
3.1	Evidence that incentives are not present for the denial, approval, limitation, extension, discontinuation of services, or continuation of services to any consumer.	42 CFR 438.210(e)	LARA RR brochures, Member Handbook, Policy/Procedures		

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3.2	Provider must utilize state-developed Adverse Benefit Determination provided by MDHHS.	42 CFR §438.10(c)(4)(ii) MDHHS/PIHP Contract Appeal and Grievance Resolution Processes Technical Requirements	Notice		
3.3	Provider has receipt of each grievance and appeal is acknowledged. The state developed acknowledgement letters provided by PIHP are utilized.	42 CFR §438.406(b)(1) 42 CFR §438.10(c)(4)(ii) MDHHS/PIHP Contract Appeal and Grievance Resolution Processes Technical Requirement	Sample Notices		
3.4	If grievances have been made, 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 letters provided by PIHP are utilized.	42 CFR 438.408 42 CFR §438.10(c)(4)(ii) MDHHS/PIHP Contract Appeal and Grievance Resolution Processes Technical Requirement	Sample Notices		
3.5	Oral requests for a local appeal of an action are accepted	42 CFR 438.406(b)(3) MDHHS/PIHP Contract Appeal and Grievance Resolution Processes Technical Requirement	Sample Notices		
3.6	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	42 CFR 438.416 MDHHS/PIHP Contract Appeal and Grievance Resolution Processes Technical Requirement 42 CFR 438.405(a)	Log or log template if no reported grievances and appeals.		

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	previous level review or decision-making. Grievances and appeals are reported to the PIHP monthly. Log contains the state required reporting information.				
3.7	The content of notices of disposition includes an explanation of the results of the resolution, name of the covered person for whom the appeal was filed, date of each review, 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 MDHHS/PIHP Contract Appeal and Grievance Resolution Processes Technical Requirement	Copy of disposition letter templates		
3.8	Procedure on sending adverse benefit letter sent to clients. This notification includes a description of how to file an appeal.	MDHHS/PIHP Contract	Policy/procedure		
3.9	Procedure so that consumers are provided with written adequate	42 CFR 438.210(c) 42 CFR 438.404	Policy/procedure		

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	notice of action when a provider makes the decision to reduce, terminate or suspend services	MDHHS/PIHP Contract			
3.10	Procedure to ensure Consumers are provided with written advance 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/PIHP Contract Appeal and Grievance Resolution Processes Technical Requirement	Policy/Procedure		
3.11	Procedure so that 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/PIHP Contract Appeal and Grievance Resolution Processes Technical Requirement	Policy/Procedure Member Handbook		
3.12	Policy states a local appeal process has been established for Medicaid/HMP consumers to appeal action, and consumers are informed of the availability of this process.	42 CFR 438.402(a) MDHHS/PIHP Contract Appeal and Grievance Resolution Processes Technical Requirement 42 CFR 438.410 (c)	Policy/Procedure		
3.13	Procedure so that consumers are informed of the availability of a local appeal process has been established for Medicaid/HMP consumers to appeal action	42 CFR 438.402(a) MDHHS/PIHP Contract Appeal and Grievance Resolution Processes Technical Requirement	Policy/Procedure		

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		42 CFR 438.410(c)			
3.14	Policy stating an expedited appeal process has been established for Medicaid consumers to appeal an action, and consumers are informed of the availability of this process.	42 CFR 438.410(c) 42 CFR 438.408(b)(3) MDHHS/PIHP Contract Appeal and Grievance Resolution Processes Technical Requirement	Policy/Procedure		
3.15	Policy stating that 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/PIHP Contract Appeal and Grievance Resolution Processes Technical Requirement 42 CFR 438.410(c)	Policy/Procedure		
3.16	Policy or procedures to use the MDHHS template or policy/procedure to ensure content of notices of disposition includes an explanation of the results of the resolution, name of the covered person for whom the appeal was filed, date of each review, and the date it was completed. When the appeal is not resolved wholly in favor of the consumer, the notice of	42 CFR 438.408(d)(2)(I) 42 CFR 438.408(e) MDHHS/PIHP Contract Appeal and Grievance Resolution Processes Technical Requirement	Policy/Procedure Copy of disposition letter templates		

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	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.				
Compliance					
4.1	Provider has an implemented Compliance Plan in accordance with state and federal guidelines including the following elements: -Designated Compliance officer and Compliance Committee that are accountable to senior management -Training and Education for all staff of the compliance plan and related policies and procedures -Well publicized disciplinary guidelines and enforcement standards related to compliance including corrective action plans. -Process for routine internal monitoring and auditing of compliance risks and prompt reporting of compliance related issues.	CFR 438.608 R 325.1343	Compliance Plan		

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	-Process for reporting suspected compliance issues (open lines of communication). -Process for immediate response and immediate reporting of compliance related issues				
4.2	A process in place to ensure immediate reporting to PIHP Compliance Officer regarding suspicion or knowledge of Medicaid fraud and abuse prior to attempting to investigate or resolve the alleged fraud and/or abuse.	CFR 438.608 R 325.1343	Process		
4.3	The provider must have procedures for reporting improper known organizational provider or individual practitioner conduct that result in suspension or termination from the PIHP's provider network to appropriate authorities (i.e., DCH, the provider's regulatory board or agency, the Attorney General, etc.). Such procedures shall be consistent with current federal and state requirements, including those specified in the DCH Medicaid Managed Specialty Supports and Services Contract.	MDHHS/PIHP Contract, Credentialing and Re-Credentialing Processes; NMRE Credentialing Policy SUD Contract	Policy/Procedure		
Treatment					
5.1	Provider has a policy for cultural competency	MSHN SUD Provider Manual – Cultural	Policy/Procedure		

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		Competency section. PIHP Contract			
5.2	For Community Block Grant Services: Funds were not used to purchase, prescribe, or provide marijuana or treatment using marijuana.	PIHP Contract	Policy/Procedure		
5.3	For Community Block Grant Services: hypodermic needles or syringes so that the client may use illegal drugs was not provided	Special Provisions PIHP Contract	Policy/Procedure		
5.4	FASD Policy/procedures: - Prevention procedures are complete and implemented into programming. - FASD pre-screen procedures are complete and implemented into programming. Providers should have evidence of risk factors in procedures.	Treatment Policy 11	Policy/Procedure Chart Documentation Pre-screen(s) Referrals Prevention Activities (Description, curriculum, etc.)		
5.5	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	Treatment Policy #2	Policy/Procedure		

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	behaviors, receive information on resources and referral to testing and treatment.				
5.6	Charitable Choice: A Provider may elect to not provide, reimburse for, or provide coverage of, a counseling or referral service based on objections to the service on a moral or religious grounds. Provider has a policy addressing the following areas for services not covered: • 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. · Provider has procedures to notify clients of services not covered.	42 CFR 438.100(b)(2)(iii) 42 CFR Part 54 PIHP Procedure - Disclosure of Faith-Based Treatment Orientation PIHP Contract	Policy language or description of information about the service it does not cover		
Information Technology (IT)					
6.1	The provider has written and approved policies that address the following: -Disaster Recovery	45 CFR 164.306 Security Standards	Policy/ procedure states that staff use of the internet must be appropriate and comply		

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	-Employee Acceptable Use of IT Resources -Employee Termination (IT section of HR Policy covering termination)		with HIPAA and other security standards, including client confidentiality. The Provider policy states that visiting inappropriate websites is strictly prohibited. In no cases shall internet access be used to view or send pornography, or view hate sites, gaming sites or gambling sites.		
6.2	Record Retention: Provider Policy on retaining records for the required timeframe (7 years)	R325.1369	Policy/Procedure		
Quality					
7.1	The Provider implements a process for identification, review, analysis, and reporting of sentinel/critical events to external entities as required.	SUD Contract MDHHS QAIP TR MSHN QAIP Plan PIHP Contract	Policy/procedure, evidence of implementing the policy by 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 Residential	

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				(include ing 24-hour withdrawal management) MSHN Reviewer should have clinical experience.	
7.2	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	

