MSHN
Mid-State Health Network

MSHN Monitoring of Delegated Managed Care Review- Attestations	
CMHSP NAME: Choose an item.	**Name and Title of Individual Submitting Document:**

Guidance: Please complete the information above and complete the CMH Document/Evidence column.

#	Standard	Basis/Source	Evidence of Compliance could include:	Reviewer Guidelines	CMH Document/Evidence
1.1	**INFORMATION/CUSTOMER SERVICES** Information Requirements and Notices: The CMHSP 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 information at least one provider when determined needed or requested.	MDHHS contract, 42 CFR Part 2 438.10(f)(6)(i)	Member Handbook, Provider Choice Listing, other related documentation		
1.2	Written materials are available in alternative formats that consider the special needs of the consumer, including those with vision impairments or limited reading proficiency as required by the ADA	42 CFR 438.10(d)(1)(ii); MDHHS Contract, MDHHS Customer Service Standards	Samples of written materials in alternative formats, Copy of policy/procedure. Reference materials on language needs of community.		
1.3	A policy and/or procedure is in place for assessing the language needs of individuals served.	42 CFR 438.10(c)(4); MDHHS Contract	Copy of policy/procedure. Reference materials on language needs of community.		
1.4	Written materials, including information developed by the PIHP, are available in the prevalent non-English languages of the service area (spoken as the primary	42 CFR 438.10(d)(1)(ii); MDHHS Contract	Samples of written materials in languages meeting LEP requirements		

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	language by more than 5% of the population in the PIHPs Region.				
1.5	Interpretation services involving oral interpretation, auxiliary aids (TTY/TDY), and American Sign Language (ASL) are available to each member free of charge.	MDHHS Customer Service Standards, 42 CFR 438.10(d)4	Policy, contract for language interpreter, Member Handbook		
1.6	The following information is provided to all consumers within a reasonable time after notice of the consumer's referral: a) Names, any group affiliation, website, specialty, cultural capability, non-English language spoken, appropriate accommodations for physical disabilities, locations and telephone numbers of current providers. This includes at a minimum, information about case managers, psychiatrists, primary therapists, etc., and any restrictions on the consumer's freedom of choice among providers; b) Amount, duration and scope of services available in sufficient detail to ensure that consumers understand the services to which they are entitled; c) Procedures for obtaining services, including authorization requirements; d) Extent to which, and how, recipients may obtain benefits for out-of-network providers; e) Extent of and how after-hours crisis services are provided, including definitions and locations of emergency and post-stabilization services and the right to access such services; f) Consumer rights and protections, including information about the right to a	MDHHS Contract	Member Handbook or other related material	*Significant is defined as any change that affects a member's Medicaid benefits, including but not limited to: PIHP contract information, authorization for services, covered benefits, and copays.	

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	State Fair Hearing, 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, and the fact that benefits can continue if requested by consumer pending a hearing decision; g) Any cost-sharing and how to access any other benefits available under the state plan but not covered in contract; h) Additional information is available upon request regarding the PIHP operational structure and physician incentive plans; i) Consumers are notified of their right to receive all required information at least once per year. J) Provider Member Handbook upon first request of services and annually thereafter, or sooner if *significant revisions have been made.				
1.7	Written notice of a significant change in its provider network, including the addition of new providers and planned termination of existing providers, is provided to each beneficiary.	42 CFR 438.10(d)(1)(ii); MDHHS Contract, MDHHS Customer Service Standards	Policy or description of how changes to provider network are communicated.		
1.8	Good faith effort to give written notice of termination of a contracted provider, within 30 calendar days before the effective date of the termination; or 15 calendar days after receipt or issuance of the termination notice after receipt or	42 CFR 438.10(d)(1)(ii); MDHHS Contract	Policy or description of written notice of termination.		

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	issuance of the termination notice, to each beneficiary who received his or her primary care from, or was seen on a regular basis by, the terminated provider.				
1.9	The CMHSP has a written advance directives policy and procedures.	42 CFR 422.128(a)	Policy, procedures		
1.10	The advance directives policy requires that there is documentation in a prominent part of the beneficiary's current medical record as to whether or not the beneficiary has executed an advance directive.	42 CFR 422.128 (b)(1)(ii)(E)	Policy, procedures		
1.11	The CMHSP provides all adult beneficiaries with written information on advance directives policies, including a description of applicable State laws. This includes information on the beneficiary's right to make decisions concerning his or her medical care, including the right to accept or refuse treatment, and the right to formulate advance directives.	42 CFR 438.6(i)(3); 422.128(b)(1)(ii)(B)	Policy, related written materials, Advance Directive brochure, Member Handbook		
ENROLLEE RIGHTS AND PROTECTIONS (CUSTOMER SERVICE)					
2.1	**ENROLLEE RIGHTS AND PROTECTIONS (CUSTOMER SERVICE)** The CMHSP maintains a designated unit called "Customer Services" and a minimum of one FTE (full-time equivalent) performing the customer services functions to sufficiently meet the needs of the people in the service area.	PIHP CUSTOMER SERVICES STANDARDS	Contact information provided, flyers, brochures, Member Handbook		
2.2	Local communication with consumers regarding the role and purpose of the PIHP's Customer Services and Recipient Rights Office.	MDHHS Contract 6.3, Customer Service Standards	Flyers, brochures, Policy/Procedures, other related		

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			documentation, Member Handbook		
2.3	Consumers are allowed to choose their health care professional(s) to the extent possible and appropriate.	42 CFR 438.6(m); MDHHS Contract, Customer Service Standards	Policy language and/or other written materials related to consumer choice of treatment professional; Member Handbook		
2.4	Policies and member materials include the enrollee's right to be treated with respect and due consideration of his or her dignity and privacy.	42 CFR 438.100(b)(2)(ii); 42 CFR 160 and 164	Recipient Rights brochures, Member Handbook		
2.5	Policies and member materials include the enrollee's right to receive information about available treatment options and alternatives, presented in a manner appropriate to the enrollee's condition and ability to understand.	42 CFR 438.100(b)(2)(iii)	Recipient Rights brochures, polices/procedures, Member Handbook		
2.6	A CMHSP not electing to provide, reimburse for, or provide coverage of, a counseling or referral service based on objections to the service on a moral or religious ground 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(f)(6)(xii)	Policy Language or description of information about the service it does not cover		
2.7	The CMHSP policies provide the enrollee the right to participate in the decisions	42 CFR 438.100(b)(2)(iv)	Recipient Rights brochure, language in		

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	regarding his or her healthcare, including the right to refuse treatment.		IPOS, policy, Member Handbook		
2.8	The CMHSP policies and member materials will provide enrollees the right to be free from any form of coercion, discipline, convenience or retaliation.	42 CFR 438.100(b)(2)(v)	Recipient Rights brochure, language in IPOS, policy, Member Handbook		
2.9	The CMHSP ensures that consumers are free to exercise their rights in a manner that does not adversely affect their services.	42 CFR 438.100 (3)(c); 42 CFR 438.210	Recipient Rights brochure, policy language, Member Handbook		
24/7/365 Access					
3.1	**24/7/365 Access for All Populations including adults and children with developmental disabilities, mental illness, and co-occurring mental illness and substance use disorder.** CMHSP staff provides all individuals with a welcoming access experience.	MDHHS Access System Standards Technical Requirement *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #1*	Policy/Procedure Access Staff Training Consumer Feedback	The CMHSPs are only responsible for providing access to outpatient services at this time. They should be completing a warm transfer to the MSHN Access Line (all hours of the day) when anyone requests or the staff recommends residential, WM, and/or recovery housing.	
3.2	For non-emergent calls, a person's time on-hold awaiting a screening does not exceed 3 minutes without being offered an option for callback or talking with a non-professional in the interim.	Access System Standards Technical Requirement	Policy, procedure, call logs, Evidence of monitoring telephone answering rates, call abandonment rates		
3.3	All non-emergent callbacks occur within one business day of initial contact	Access System Standards Technical Requirement	Policy, procedure, call logs		
3.4	Individuals with routine needs are screened or other arrangements made within 30 minutes	Access System Standards Technical Requirement	Policy, procedure, call logs		

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3.5	Individuals approaching the access system receive timely and appropriate crisis intervention services.	Technical Requirement *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #2*	Policy/Procedure Logs documenting date inquiries received/date CI services obtained		
3.6	Individuals approaching the access system are informed of available service options and how to access services	Access System Standards Technical Requirement *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #3*	Policy/Procedure, Resource guide		
3.7	Initial/provisional eligibility and level of care determination is made by conducting a professional screening	Access System Standards Technical Requirement *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #4*	Policy/Procedure, Screening Tool		
3.8	Short-term plan is developed; warm handoff (linking via direct connection) to services for which individuals have been screened and eligible to receive.	Access System Standards Technical Requirement *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #5*	Policy/Procedure Evidence of direct connection, Documentation of short- term plan and indication of follow-up on the next business day		
3.9	Access staff follow up with individuals who made contact within two (2)	Access System Standards	Policy/Procedure, Referral logs		

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	business days to ensure services needs have been met or to re-engage if referral connections have not been met	Technical Requirement *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #9*			
3.10	CMHSP provides initial support and response to consumer complaints, including rights complaints and grievances	Access System Standards Technical Requirement *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #10*	Policy/Procedure, Grievances/Complaints documentation		
3.11	CMHSP access system works with receiving providers to ensure service priority expectations for sub-populations: • Pregnant Injecting Drug Users • Pregnant, Other Substance Use Disorder • Injecting Drug User • Parent(s) at Risk of Losing Children • Individuals under MDOC supervision	Access System Standards Technical Requirement *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD*	Policy/Procedure, Meeting Minutes, Memos		
3.12	CMHSP works in concert with SUD providers to ensure: • Phone system linkages during non-business hours • Written protocols are established for after-hours referrals	Access System Standards Technical Requirement *CMHSP Responsibilities for 24/7/365 Access*	Policy/Procedure, Meeting Minutes, Memos		

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	Local first responders, hospitals, and other potential referral sources are informed of availability of after-hours access services	*for Individuals w/ Primary SUD*			
3.13	State standards are met for timely access to care and services taking into account the urgency of need for service.	42 CFR 438.206(c)(1)(i); MDHHS Access Standards	Policy/Procedure		
3.14	The CMH has mechanisms in place to prevent conflict of interest between the coverage determination function and access to, or authorization of services.	MDHHS Access Standards	Policy, procedures		
Provider Network Sub-Contract Providers					
4.1	If the CMHSP is unable to provide necessary medical services covered under the contract to a particular consumer, the CMHSP adequately and timely covers these services out of network.	42 CFR 438.206(b)(4); MDHHS/PIHP Master Agreement	Local policy/procedure		
4.2	The CMHSP coordinates with out-of-network providers with respect to payment and ensures the cost to the consumer is no greater than it would be if the services were furnished within the network.	42 CFR 438.206(b)(5)	Local Policy/Procedure		
4.3	Negotiate contracts between the CMHSP and providers based on a procurement method that meets state and federal standards and in accordance with PIHP policy	MDHHS/PIHP Master Agreement	Local Procurement Policy		
4.4	The CMHSP manages procurement of local providers sufficient to fulfill all PIHP	42 CFR 438.206(c)(2);	Local Policy/Procedure		

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	delegated activities and to meet identified needs, including recruitment of staff (or contracted) interpreters, translators, and bi-lingual/bi-cultural clinicians	MDHHS/PIHP Master Agreement	Procurement policy		
4.5	The CMHSP has an established process for monitoring the performance of each subcontracted provider relative to the contract. The monitoring process will minimally assess performance and compliance indicators established by the PIHP, deemed status and reciprocity by other CMSHPs in the region, and impose plans of correction up to sanctions and termination of providers that do not meet or that violate the performance standards. .	2 CFR 438.206(b)(1) MDHHS/PIHP Master Agreement 42 CFR 438.214.	Local Network Monitoring Policy		
4.6	The CMHSP has established and implemented a local level process for soliciting network provider feedback and/or complaints.	MDHHS/PIHP Master Agreement	Local Policy/Procedure Provider review tool		
4.7	The CMHSP shall have an effective provider appeal process to promptly and fairly resolve disputes.	MDHHS/PIHP Master Agreement	Local Policy/Procedure Contract Language		
4.8	The CMHSP has a process for ensuring that contractual providers comply with all applicable requirements concerning the provision of culturally competent services	42 CFR 438.206(‘c)(2)	Local Policy/Procedure Contract Language		
4.9	Provider performance reports are available for review by individuals, families, advocates, and the public.	MDHHS/PIHP Master Agreement	Local Policy/Procedure Agency website		

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4.10	The entire service array for individuals with developmental disabilities, mental illness, or a substance abuse disorder, including (b)(3) services, are available to consumers who meet medical necessity criteria.	MDHHS/PIHP Master Agreement	Local Policy/Procedure Consumer handbook		
4.11	At the time of enrollment and re-enrollment, CMHSPs must search the OIG exclusion database to ensure contractor and any individuals with ownership or control interests in the provider entity have not been excluded from participating in federal health care programs. The CMHSP shall search the OIG exclusions database monthly to capture exclusions and reinstatements that have occurred since the last search, or at any time providers submit new disclosure information	MSHN Background Check and PSV policy	Evidence of OIG monitoring at the time of enrollment or re-enrollment and monthly thereafter		
4.12	A copy of grievance, appeal and fair hearing requirements and timeframes are given to each provider when they join the provider network.	42 CFR 438.414; MDHHS Contract	Provider manual, Contract		
4.13	CMHSP subcontracts, as applicable, contain advance directives requirements appropriate to the subcontract	42.CFR 422.128(b)(1)(i)	Contract language, policy/procedure referenced in contract		
SERVICE AUTHORIZATION & UTILIZATION MANAGEMENT (UTILIZATION MANAGEMENT)					
5.1	**SERVICE AUTHORIZATION & UTILIZATION MANAGEMENT (UTILIZATION MANAGEMENT)** A utilization management program is in operation. The written utilization management program description includes:	42 CFR 438.210(a)(3)(ii); 42 CFR 438.210(a)(3)(iii)	Policy/procedure		

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	• procedures to evaluate clinical necessity, and the process used to review and approve the provision of clinical services, • mechanisms to identify and correct under-utilization as well as over utilization, and • preauthorization, concurrent and retrospective procedures. • Arbitrary denial or reduction of the amount, duration or scope of a required service solely because of a consumer's diagnosis, type of illness or condition is prohibited. Any service limits imposed are appropriate and restricted to criteria such as medical necessity or for utilization control, provided the services furnished can reasonably be expected to achieve their purpose.				
5.2	Initial approval or denial of requested service: • Initial assessment for and authorization of psychiatric inpatient services • Initial assessment for and authorization of psychiatric partial hospitalization services • Initial and ongoing authorization of services to individuals receiving community-based services • Grievance and Appeals, Second Opinion management, coordination and notification	MDHHS Contract	Policy/procedure		

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	Communication with consumers regarding UM decisions, including adequate and advance notice, right to second opinion and grievance and appeal				
5.3	Local-level Concurrent and Retrospective Reviews of Authorization and Utilization Management decisions/activities to internally monitor authorization decisions and congruencies regarding level of need with level of service are consistent with PIHP policy, standards and protocols.	MDHHS Contract	Policy/procedure		
5.4	Review decisions are supervised by qualified medical professionals.	MDHHS Contract, Quality Assessment and Performance Improvement Programs For Specialty Pre-Paid Inpatient Health Plans	Policy/procedures Sample of review decision(s), if applicable		
5.5	• Decisions to deny or authorize service in an amount, duration or scope that is less than requested are made by a health care professional who has the appropriate clinical expertise in treating the consumer's condition or disease; • The CMHSP provides Medicaid consumers with written service authorization decisions no later than 14 calendar days following receipt of a request for service	42CFR438.404(b)(2) 42CFR438.404(b)(3) 42 CFR 438.210(c); MDHHS Contract	Policy, procedure, reporting/tracking mechanism to track timeframes of notices		

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	authorization, unless the PIHP has authorized an extension; • and the CMHSP provides Medicaid consumers with written service authorization decisions no later than 72 hours following receipt of a request for expedited service authorization, if warranted by the consumer's health or functioning, unless the PIHP has authorized an extension. Reasons for decisions are clearly documented and available to the recipient.				
GRIEVANCE & APPEALS (CUSTOMER SERVICE)					
6.1	**GRIEVANCE & APPEALS (CUSTOMER SERVICE)** There are publicized and available grievance and appeal mechanisms for providers and consumers.	MDHHS Contract	Policy, notification letters, evidence of written materials related to appeal mechanisms		
6.2	Notification of a denial is sent to both the consumer and the provider. This notification of a denial includes a description of how to file an appeal.	MDHHS Contract	Notification of denial letter, policy, related written materials		
6.3	Incentives are not present for the denial, limitation, or discontinuation of services to any consumer	42 CFR 438.210(e)	Policy, Member Handbook, related written materials		
6.4	Consumers are provided with written adequate notice of action regarding authorization of services: at the time of the decision to deny payment for a service (on the same date the action takes effect);at the time of the signing of the individual plan of services/supports;	42 CFR 438.210(c); 42 CFR 438.404; MDHHS Contract	Policy, related written materials		

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	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.				
6.5	Provider must utilize state developed Adverse Benefit Determination, Grievance and Appeal notices required by MDHHS.	42 CFR 438.404(b), etc.; MDHHS Contract	Policy, procedure, sample notices		
6.6	The Adverse Benefit Determination notice meet the language and alternative format needs of the consumer.	42 CFR 438.404(a), etc.; MDHHS Contract	Policy, related written materials		
6.7	Consumers are provided with written adverse benefit determination within 10 calendar days before the intended action will take effect, when an action is being taken to reduce, suspend, or terminate previously authorized services.	42 CFR 438.404(c), etc.; MDHHS Contract	Policy, related written materials		
6.8	Consumers are given reasonable assistance to complete forms and to take other procedural steps to file a grievance, appeal and/or State Fair Hearing request. This includes but is not limited to providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.	42 CFR 438.406(a); MDHHS Contract	Policy, related written materials, ABD template language		
6.9	A local appeal process has been established for Medicaid consumers to appeal action, and consumers are informed of the availability of this process.	42 CFR 438.402(a); MDHHS Contract	Policy, related written materials		
6.10	An expedited appeal process has been established for Medicaid consumers to	42 CFR 438.410(c); MDHHS Contract	Policy, related written materials		

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	appeal an action, and consumers are informed of the availability of this process.				
6.11	If a request for an expedited resolution of an appeal is denied, the CMHSP: •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 two (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 Contract42 CFR 438.410(c);	Policy, related written materials, expedited appeal denial template letter		
6.12	Receipt of an expedited Appeal must be acknowledged within 72 hours of receipt, and standard grievances and appeals must be acknowledged within five (5) business days of receipt.	42 CFR 438.406; MDHHS Contract	Policy, related written materials, copy of acknowledgement letter sent to consumer or provide template if no acknowledgement letter sent		
6.13	A written notice of the disposition of a grievance and appeal is provided and reasonable efforts to provide oral notice of an expedited resolution is made.	42 CFR 438.408; MDHHS Contract	Policy, related written materials, copy of disposition letter sent to consumer or provide template if no disposition letter sent		
6.14	CMHSP will accept grievance / appeal requests orally or in writing.	42 CFR 438.400; MDHHS Contract	Policy, related written materials		
6.15	CMHSP maintains a record of all appeals and grievances to allow reporting to the PIHP Quality Improvement Program that ensures individuals who make the decisions were not involved in the previous level review or decision-making	42 CFR 438.416; MDHHS Contract; 42 CFR 438.405(a)	Policy, process, log or log template if have no reported grievances, sample of quarterly reports submitted to MSHN		

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	and have the appropriate clinical expertise.				
6.16	CMHSP provides acknowledgement of grievance and appeals, Adequate and Advance Notice and disposition of grievance and appeal notices within timeframes specified by and according to MSHN Medicaid Beneficiary Appeals and Grievances Policy.	MDHHS Contract	Policy and/or other related written materials referencing timeliness		
PERSON-CENTERED PLANNING and DOCUMENTATION					
7.1	The right for all individuals to have an Individual Plan of Service developed through a person-centered planning process is clearly communicated to all service recipients.	MDHHS Person-Centered Planning Policy	Policy/procedure, Handbook & rules for disseminating, Evidence that consumer has received this information		
7.2	PCP focuses on the person's goals, while still meeting the person's basic needs for food, clothing, shelter etc.	MDHHS Person-Centered Planning Policy	Policy/procedure		
7.3	For minor children, the concept of the PCP is incorporated into a family-driven, youth-guided approach OR there is an accepted/justified reason to exclude family recorded in consumer chart.	MDHHS Person-Centered Planning Policy	Policy/procedure		
7.4	There is a pre-planning meeting prior to the Person-Centered Plan meeting. Pre-planning elements must include: Topics the individual would like to talk about in the meeting(s),	MDHHS Person-Centered Planning Policy	Policy/procedure		

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	• Topics the individual does not want discussed at the meeting(s), • Who should be present or involved in their planning meetings, • Those identified to be most important to be invited to attend and participate in meetings, • The meeting location and time that was convenient for the individual and chosen attendees, • who facilitated the planning process, • The services provided, including who will assist in carrying out the activities in the IPOS, through self-directed services if desired.				
7.5	The individual plan of service adequately identifies the individual's chosen or preferred outcomes and the methods used to measure progress.	MDHHS Person-Centered Planning Policy	Policy/procedure		
7.6	Services and supports identified in the individual plan of service assist the individual to work toward or achieve their desired outcomes. .	MDHHS Person-Centered Planning Policy	Policy/procedure		
7.7	Individuals are provided with ongoing opportunities to provide feedback on how they feel about services and supports.	MDHHS Person-Centered Planning Policy	Policy/procedure		
7.8	The Person-Centered Planning Process is used to modify the individual plan of service in response to changes in the	MDHHS Person-Centered Planning Policy	Policy/procedure		

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	individual's preferences or needs or at any time the consumer chooses.				
7.9	The Person-Centered Planning process builds upon the individual's capacity to engage in activities that promote community life.	MCL 330.1701(g) MDHHS Person-Centered Planning Policy	Policy/procedure		
7.10	Person-centered planning addressed natural and external supports.	MDHHS Person-Centered Planning Policy	Policy/procedure		
7.11	Person-centered planning addressed health and safety.	MDHHS Person-Centered Planning Policy	Policy/procedure		
7.12	The individual plan of service identifies the roles and responsibilities of the individual, the supports coordinator or case manager, the allies, and providers in implementing the plan.	MDHHS Person-Centered Planning Policy	Policy/procedure		
7.13	Specific services and supports to be provided, including the amount, scope, and duration of services, are identified in the plan of service.	MDHHS Person-Centered Planning Policy	Policy/procedure		
7.14	The frequency of plan review for the individual is specified in the plan. Frequency and scope of monitoring of the plan reflects the intensity of the beneficiary's health and welfare is identified in the plan.	MH Code 330.1714 Medicaid Manual Mental Health and Substance Abuse sec. 3.24 MDHHS Person-Centered Planning Policy	Policy/procedure	Per MDHHS PCP Policy must be reviewed at minimum annually or as defined in PCP	
7.15	IPOS is prepared in person-first singular language and be understandable by the person with a minimum of clinical jargon or language.	MDHHS Person-Centered Planning Policy	Policy/procedure		

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7.16	There is documentation that individual chose the setting in which they live and there is documentation of what alternative living settings were considered by the person.	MDHHS Person-Centered Planning Policy	Policy/procedure		
7.17	There is documentation of any restriction or modification of additional conditions & documentation includes: 1. The specific & individualized assessed health or safety need. 2. The positive interventions and supports used prior to any modifications or additions to the PCP regarding health or safety needs. 3. Documentation of less intrusive methods of meeting the needs, that have been tried but were not successful. 4. A clear description of the condition that is directly proportionate to the specific assessed health or safety need. 5. A regular collection and review of data to measure the ongoing effectiveness of the modification. 6. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. 7. Informed consent of the person to the proposed modification. 8. An assurance that the modification itself will not cause harm to the person.	MDHHS Person-Centered Planning Policy HCBS Final Rule Medicaid Manual	Policy/procedure		

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7.18	IPOS includes the services which the person chooses to obtain through arrangements that support self-determination.	MDHHS Person-Centered Planning Policy	Policy/procedure		
7.19	IPOS includes the estimated/prospective cost of services & supports authorized by the CMH system.	MDHHS Person-Centered Planning Policy	Policy/procedure		
7.20	IPOS includes signatures of the person and/or representative, case manager/support coordinator, and the support broker/agent (if one is involved).	MDHHS Person-Centered Planning Policy	Policy/procedure		
7.21	Plans to share the IPOS with family/friends/caregivers are documented.	MDHHS Person-Centered Planning Policy	Policy/procedure		
7.22	The CMHSP has a process in place for monitoring PCPs & ensuring compliance.	MDHHS Person-Centered Planning Policy	Policy/procedure, Evidence of Monitoring and Follow-Up if applicable		
COORDINATION OF CARE/INTEGRATION OF BEHAVIORAL HEALTH AND PHYSICAL HEALTH SERVICES					
8.1	**COORDINATION OF CARE/INTEGRATION OF BEHAVIORAL HEALTH AND PHYSICAL HEALTH SERVICES** CMHSP staff pro-actively assume responsibility for engaging the inpatient team during consumer's hospital stay. This includes participating in team meetings and initiating discharge planning with staff, consumer, family/guardian, and community resources.	MSHN Inpatient Psychiatric Hospitalization Standards Policy	Policy and Procedure		
8.2	CMHSP has developed service coordination agreements with each of the pertinent public and private	MDHHS Contract, MSHN Service Philosophy Policy	Copies of coordination agreements		

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	community-based organizations and providers to address issues that relate to a shared consumer base				
8.3	The CMHSP has procedures to ensure that coordination occurs between primary care physicians and the CMHSP and/or its network. Procedures ensure that the services the CMHSP furnishes to the beneficiary are coordinated with the services the beneficiary receives from other MCOs and PIHPs.	MDHHS Contract, MSHN Service Philosophy Policy	Policies/procedures related to coordination of care		
8.4	The CMHSP has policies and processes that support smooth and safe transitions of care for individuals between institutional and inpatient settings and community-based settings.	MDHHS Contract, Performance Bonus Incentive Pool (PBIP) MSHN Service Philosophy Policy	Policies/procedures related to hospital discharge planning and transitions between other settings such as nursing homes, residential treatment, etc.		
CONSUMER INVOLVEMENT (CUSTOMER SERVICE)					
9.1	**CONSUMER INVOLVEMENT (CUSTOMER SERVICE)** The CMHSP provides meaningful opportunities and supports for consumer involvement in service development, service delivery, and service evaluation activities.	MDHHS Consumerism Practice Guideline	• Consumers and family members are on CMHSP/PIHP boards and advisory councils • Stakeholders and the public attend meetings for comments and information. This evidence may be found in the following areas: minutes, agendas, sign-in sheets, peer support specialists' positions,		

#	Standard	Basis/Source	Evidence of Compliance could include:	Reviewer Guidelines	CMH Document/Evidence
			mystery shopper programs, customer service information on assistance with input for the brochures and educational materials provided, consumer-oriented job-descriptions, and consumer involvement in quality management reviews of the CMHSP programs and services.		
9.2	Development of local activities designed to engage consumers, and other stakeholders, including members of the general public, in decision-oriented activities throughout the CMHSP/CA, including its subcontractors	MDHHS Consumerism Practice Guideline	Training offered to consumers, opportunities to serve as members of committees, Consumer Advisory Councils		
9.3	Training and orientation of customers, to participate actively in Advisory Groups, task forces, working committees.	MDHHS Consumerism Practice Guideline	Trainings offered to consumers, opportunities to serve as members of committees, Consumer Advisory Councils		
CREDENTIALING (PROVIDER NETWORK)					
10.1	**PROVIDER/STAFF CREDENTIALING (PROVIDER NETWORK)** Agency has processes in place requiring that an individual file be maintained for each credentialed provider and each file include:	MDHHS Provider Credentialing, MSHN Credentialing Policy and Procedures	Policy/procedures		

#	Standard	Basis/Source	Evidence of Compliance could include:	Reviewer Guidelines	CMH Document/Evidence
	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				
10.2	The Agency program for staff training includes training for new personnel related to their responsibilities, program policy, and operating procedures methods for identifying staff training needs in-service training, continuing education and staff development activities	R 325. 1345	Policy/Procedure		
10.3	Criminal Background Checks are conducted as a condition of employment.	MDHHS Credentialing and Recredentialing Policy MSHN Background Check Procedure, MSHN Disqualified Providers Policy, Provider Credentialing, MDHHS/PIHP Contract	Policy/Procedure		
10.4	National Sex Offender Registry checks are conducted for each new employee, subcontractor, subcontractor employee, or volunteer (including students and interns).	MDHHS/PIHP Contract	Policy/Procedure		
10.5	State Sex Offender Registry checks are conducted for each new employee,	MDHHS/PIHP Contract, MDHHS	Policy/Procedure		

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	subcontractor, subcontractor employee, or volunteer (including students and interns).	Credentialing and Recredentialing Policy			
10.6	MDHHS Central Registry checks are conducted for each new employee, subcontractor, subcontractor employee, or volunteer (including students and interns) who work directly with children.	MDHHS/PIHP Contract, MDHHS Credentialing and Recredentialing Policy	Policy/Procedure		
10.7	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, e. Licensed Bachelor's Social Workers, f. Limited License Social Workers, g. Registered Social Service Technicians, h. Licensed Professional Counselors i. Nurse Practitioners, j. Registered Nurses, k. Licensed Practical Nurses, l. Occupational Therapists m. Occupational Therapist Assistants, n. Physical Therapists o. Physical Therapist Assistants, p. Speech Pathologists q. Board Certified Behavior Analysts r. Licensed Family and Marriage Therapists, s. other behavioral healthcare specialist licensed, certified, or registered by the state.	MSHN Policy and Procedures, MDHHS Provider Credentialing	Policy/Procedure		.
10.8	Initial credentialing policies, procedures, and personnel file review reflect full	MDHHS Credentialing and	Policy/Procedure		

#	Standard	Basis/Source	Evidence of Compliance could include:	Reviewer Guidelines	CMH Document/Evidence
	compliance with initial credentialing requirements as outlined in MDHHS Provider Credentialing and Re-credentialing Processes and MSHN policies and procedures.	Re-Credentialing Processes, MSHN Policies and Procedures			
10.9	Provisional credentialing policies, procedures, and personnel file review reflect full compliance with requirements as outlined in MDHHS Provider Credentialing and Re-Credentialing Processes guidance and MSHN policies and procedures.	MDHHS Credentialing and Re-Credentialing Processes, MSHN Policies and Procedures	Policy/Procedure Sample of records	.	
10.10	Re-credentialing policies, procedures, and personnel files reflect full compliance with requirements as outlined by MDHHS Credentialing and Re-credentialing Processes and MSHN policies and procedures	MDHHS Credentialing and Re-Credentialing Processes, MSHN Credentialing Policy and Procedures	Policy/Procedure		
10.11	Policy and procedures address the requirement for the agency to inform a LIP or organizational provider in writing of the credentialing decision.	MDHHS Credentialing and Re-Credentialing Processes, MSHN Credentialing Policy and Procedures	Policy/Procedure		
10.12	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	MDHHS Credentialing and Re-Credentialing Processes,MSHN Credentialing Policy and Procedures, MSHN Contract	Policy/Procedure		

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	consistent with current federal and State requirements, including those specified in the MDHHS Medicaid Managed Specialty Supports and Services Contract				
10.13	Agency shall not assign a consumer to any LIP who has not fully complied with credentialing process	MDHHS Credentialing and Re-Credentialing Processes MSHN Credentialing Policy and Procedures, MSHN Contract	Policy/Procedure,		
10.14	Prior to employment, the agency verifies that the individual is not included in any excluded or sanctioned provider lists (MDHHS, federal OIG, Sam.gov). This verification process shall also occur at the time or re-credentialing or contract renewal. Agency must search at least on a monthly basis the OIG exclusion database to ensure individuals or entity has not been excluded from participating in federal health care programs. Monthly review OIG, and MDHHS exclusion lists	MDHHS Credentialing and Re-Credentialing Processes,MSHN Credentialing Policy and Procedures, MSHN Contract	Policy/Procedure		
10.15	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	MDHHS/PIHP Contract, MSHN/CMH Contract, MSHN policies and procedures.	Policy/Procedure		

#	Standard	Basis/Source	Evidence of Compliance could include:	Reviewer Guidelines	CMH Document/Evidence
	requires disclosure of any such convictions to agency.				
10.16	Agency has in a place a process to monitor for mid-cycle license and certification expirations.	MSHN Policies and Procedures	Policy/Procedure		
10.17	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	Review for policy/procedures of appeal process. Often there is a consumer appeal process related to the Consumer Grievance and appeals which is not the same process. The process should be specific to credentialing decision appeals.	
10.18	Policy and procedures reflect the scope, criteria, timeliness and process for credentialing and re-credentialing providers and in accordance with MSHN p/p.	MDHHS Credentialing and Re-Credentialing Processes, MSHN Policy and procedures	Policy/Procedure	The policy should outline timeframes when the process begins and timeframe for processing credentialing applications. .	
10.19	The credentialing policy was approved by the agency governing body and identifies the agency administrative staff member responsible for oversight of the process.	MDHHS Credentialing and Re-Credentialing Processes	Policies and procedures	Verify policy includes staff (position or department) responsible for overseeing credentialing and that the policies are approved by Board.	
10.20	The CMHSP completes recredentialing at least every three years as required. .	MDHHS Provider Credentialing MDHHS Credentialing and Re-credentialing Processes	Policy/Procedure	Policy/Procedure/evidence should be in accordance with MDHHS and MSHN policy/procedures. All PSV should be dated, decisions should be dated to verify timeliness	
10.21	If the agency accepts the credentialing decision of another agency for a LIP or	MDHHS Credentialing and	Policy/Procedure		

#	Standard	Basis/Source	Evidence of Compliance could include:	Reviewer Guidelines	CMH Document/Evidence
	organizational provider, it maintains copies of the current credentialing agency's decision in its administrative records.	Re-Credentialing Processes			
10.22	Providers residing and providing services in a bordering state must meet all applicable licensing and certification requirements within both states.	Medicaid Provider Manual	Policy/Procedure		
10.23	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		
ENSURING HEALTH & WELFARE /OLMSTEAD (QUALITY IMPROVEMENT)					
11.1	The CMHSP implements a process for review, analysis, and reporting of specific critical incidents as defined by MDHHS through the critical incident reporting system as required: • Suicide • Non-suicide death • Emergency medical Treatment due to injury or medication error; due to physical management • Hospitalization due to injury or medication error, due to physical management • Arrest of an individual	MDHHS Contract Schedule A-1(K)(2)(a) MSHN QAPIP MDHHS QAPIP TR Section VIIIE), 42 CFR 438.330 (b)(5)(ii)	Policy/procedure and/or QAPIP Program description	The required types of events critical should be included in the policy	

#	Standard	Basis/Source	Evidence of Compliance could include:	Reviewer Guidelines	CMH Document/Evidence
11.2	The CMHSP reports those critical events requiring immediate notification to MDHHS via MSHN as required. When applicable, a written report is submitted within 60 days after the month in which the death occurred of its review/analysis of every Medicaid member's death within one year of the individual's discharge from a State-operated service.	MDHHS QAPIP TR Section VIII Contract Schedule A 1(k)(2)(a) MSHN QAPIP Plan	Policy/procedure QAPIP Program Description		
11.3	The CMHSP has a quality review process to ensure the accuracy of the Michigan Mission Based Performance Indicator System (MMBPIS) events prior to submission to MSHN.	MSHN QAPIP Plan	Policy/Procedure, Guidelines		
11.4	The CMHSP has policies/procedures for medication consents, prescriptions, monitoring side effects, and documentation.	Medicaid Managed Specialty Supports and Services Contract	Copy of policy & procedures		
11.5	The CMHSP has established a quality assessment performance improvement program. The QAPIP (at minimum) must include: • Identification of standard indicators to monitor access, quality, efficiency, and outcomes • An evaluation of the effectiveness of the QAPIP plan • The role of recipients of service in the QAPIP • An adequate organizational structure which allows for clear	MDHHS Quality Assessment and Performance Improvement Programs for Specialty Technical Requirement Medicaid Contract Schedule A-1(K)(3)(a)	Policy, Procedures, QAPIP Plans	Must outline a process for performance monitoring, process improvement, reporting, organizational structure for communication, stakeholder feedback, best practice guidelines, performance issues addressed, along with a location for providers/members to access effectiveness of the QAPIP (this may also be communication to their network and members)	

#	Standard	Basis/Source	Evidence of Compliance could include:	Reviewer Guidelines	CMH Document/Evidence
	and appropriate administration and evaluation of the QAPIP • A work plan that includes goals and objectives to improve organizational performance • The mechanisms or procedures to be used for adopting and communicating process and outcome improvement Information on the effectiveness of the QAPIP plan must be provided to network providers and members upon request.				
INFORMATION TECHNOLOGY (IT) MANAGEMENT					
12.1	**INFORMATION TECHNOLOGY (IT) MANAGEMENT** The CMHSP has written and approved policies for the following: • Adverse incident and disaster recovery and risk assessment • Record Retention Policy • Breach Notification Policy (includes reporting to MSHN) • Compliance assurance (BAA, HIPAA, PHI, etc.) • Best practices with passwords, email, phishing, etc. • Data archival, restoration and retention • Employee acceptable use of IT resources/information – CAUA (could include clarifications for bring-your-own-device (BYOD))	HIPAA Security and Privacy, 45 CFR Parts 160 & 164 Subparts A, C & E, BAA requirements as validated by the EQRO, MDHHS/PIHP Contract, Expectations and AFP attestation, MSHN/CMHSP Participant contract delegation grid	Policies, procedures		

#	Standard	Basis/Source	Evidence of Compliance could include:	Reviewer Guidelines	CMH Document/Evidence
	• Employee termination (IT section of the HR policy covering termination) • Security: Computer, network, server and systems • Cyber Security and use of AI • Telecommunications and Telecommuting (as applicable) • Validation of quality indicator (QI)/demographic, claims, encounter, critical incident, and performance indicator data				
12.2	The CMHSP has a process for identification of IT needs and assures adequate IT resource allocation to fulfill contractually obligated functions.	HIPAA Security and Privacy, 45 CFR Parts 160 & 164 Subparts A, C & E, BAA requirements as validated by the EQRO, MDHHS/PIHP Contract, MSHN/CMHSP Participant contract delegation grid	Evidence that staff is able to identify needs and make request of the IT function, and how the organization decides which functions should be resourced.		
12.3	The CMHSP assures on-going learning for technical professionals to maintain currency in IT knowledge, skills and abilities.	HIPAA Security and Privacy, 45 CFR Parts 160 & 164 Subparts A, C & E, BAA requirements as validated by the EQRO, MDHHS/PIHP Contract, MSHN/CMHSP	Policy, Procedure, Description of how the CMHSP reasonably assures that internal IT staff or contractors maintain currency to provide systems security, maximized capability, and regulatory compliance.		

#	Standard	Basis/Source	Evidence of Compliance could include:	Reviewer Guidelines	CMH Document/Evidence
		Participant contract delegation grid			
12.4	*INFORMATION ASSURANCE* Data Integration: The CMHSP combines different types of information to provide data to the PIHP (e.g., QI, PI, critical incident, and claims/encounter, etc.).	MDHHS/PIHP Contract, MSHN/CMHSP Participant contract delegation grid	Policy/Procedure, Written process describing the steps used to combine and validate various data sources in reporting information to the PIHP.		
12.5	Data Control: The CMHSP maintains and performs data backup, restoration, and disaster recovery procedures. Utilizes secure communication for electronic protected healthcare information (PHI).	MDHHS/PIHP Contract, MSHN/CMHSP Participant contract delegation grid	Policy/Procedure, Beyond the policies listed in 14.1, it is the documentation and demonstration of back-up, restoration, and disaster recovery procedures. The CMHSP will demonstrate the procedures and technologies in place to secure e-PHI.		
12.6	Data Validation: The CMHSP has system controls and quality procedures in place to assure the validity of data submitted to the PIHP (e.g., QI, PI, critical incident, claims and encounter, etc.).	MDHHS/PIHP Contract, MSHN/CMHSP Participant contract delegation grid	Policy/Procedure, The CMHSP can demonstrate the types of information validation that exist within its EMR/EHR/PM and data warehousing/reporting systems, along with external validation activities, that reasonably assures		

#	Standard	Basis/Source	Evidence of Compliance could include:	Reviewer Guidelines	CMH Document/Evidence
			the quality of the data submitted to the PIHP.		
12.7	Data Completeness: The CMHSP has systems and processes in place to gather and report all contractually obligated information, including but not limited to: MDHHS reports (encounter, BH-TEDS, QI, CIR, PI) and consumer (EOB and Cost of Service), per the frequency as defined in the contract).	MDHHS/PIHP contract: Performance Expectations and AFP attestation	As the organization holding records on persons served, information contained in the contract is available in EMR/EHR/PM and/or data warehousing/reporting systems or is otherwise **accounted** for and able to be electronically submitted to the PIHP.		
12.8	*SYSTEMS SECURITY* Physical Security: The CMHSP mitigates vulnerabilities to system corruption and data loss through restricted physical access to non-user IT resources.	HIPAA Security and Privacy, 45 CFR Parts 160 & 164 Subparts A, C & E	Key network components – servers, network infrastructure, and external data or telecommunications nodes – are secured with limited access. Should align with the Security policy referenced in 14.1 above.		
12.9	Systems Security: The CMHSP maintains adequate control of administrator-level user privileges. Non-administrative tasks should not be performed using administrator privileges (i.e. user login vs admin login).	HIPAA Security and Privacy, 45 CFR Parts 160 & 164 Subparts A, C & E	Policy/Procedure, Only authorized staff have access to administrator-level user information. Redundancy of administrator level functions is in place.		

#	Standard	Basis/Source	Evidence of Compliance could include:	Reviewer Guidelines	CMH Document/Evidence
TRAUMA INFORMED CARE					
13.1	**TRAUMA INFORMED CARE** The CMHSP has written and approved policies and procedures for implementation of a trauma-informed culture	MDHHS Trauma Policy	CMHSP policy & practice guidelines		
13.2	Implementation of an organizational self-assessment every three years.	MDHHS Trauma Policy	CMHSP policy & practice guidelines		
13.3	Adoption of approaches and procedures to prevent and address secondary/vicarious trauma	MDHHS Trauma Policy	CMHSP policy & practice guidelines.		
13.4	Use of population and age-specific trauma-informed screen and assessment tool	MDHHS Trauma Policy	Policy/procedure		
13.5	Use of trauma-informed evidence-based practice(s) (EBPs) for treatment and recovery services including procedures to address building trust, safety, collaboration, empowerment, resilience and recovery	MDHHS Trauma Policy	CMHSP policy/procedure(s) & practice guidelines.		
13.6	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		