

**FY25 CMHSP Program Specific- Non-Waiver Standards - PSV**

**CMHSP NAME:** Choose an item.

**DATE OF REVIEW:** Click or tap to enter a date.

	<b>STANDARD</b>	<b>Basis/Source</b>	<b>Evidence of Compliance could include:</b>	<b>Review Guidelines</b>	<b>Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable</b>
1	<b>ASSERTIVE COMMUNITY TREATMENT (ACT)</b>				
1.1	<p>ACT team includes:</p> <ul style="list-style-type: none"> <li>a full-time leader whose experience includes at least two years post-degree clinical work with adults who have a serious mental illness, and is fully licensed, minimally possessing a master’s degree in a relevant discipline, with appropriate licensure to provide clinical supervision to the ACT team staff.</li> <li>a physician- <i>The physician is considered a part of the ACT team, but is not counted in the staff-to-beneficiary ratio</i></li> <li>a full-time RN</li> <li>a case or care manager A case or care manager, possessing minimally a bachelor’s degree in a human services discipline, who possesses appropriate licensure to provide the core elements of case or care management with at least one year of experience providing services to adults with a mental</li> </ul>	<p>Medicaid Provider Manual, Mental Health and Substance Abuse Services, Chapter, Section 4.3</p>	<p>List of Team Members, Job Titles, and Team Leader Supervision Notes/Documentation</p>	<p>If the ACT team includes a nurse practitioner/clinical nurse specialist, he/she may substitute for a portion of the physician time but may not substitute for the ACT RN. Physician Assistants can perform clinical tasks under the terms of a practice agreement with a participating physician and must hold a PA license and controlled substance license. The physician assistant is not counted in the staff-to-beneficiary ratio A nurse practitioner or clinical nurse specialist may perform clinical tasks delegated by and under the supervision of the physician. If the ACT team includes a nurse practitioner/clinical nurse</p>	

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	<p>illness, and is a QMHP. If the case or care manager has a bachelor’s degree but is without one year of experience working with adults with serious mental illness or co-occurring disorders and otherwise meets the requirements of the QMHP, documentation of clinical supervision is provided in the beneficiary record. (Revised 4/1/20)</p> <ul style="list-style-type: none"> <li>• Individual/family/group counseling provided by a QMHP, including a limited-licensed master’s degree social worker who is supervised by a licensed master’s degree social worker. (Revised 4/1/20)</li> <li>• Up to one Full Time Equivalent (FTE) Peer Support Specialist (PSS) may substitute for one QMHP to achieve the 1:10 required staff-to-beneficiary ratio.</li> <li>• Up to one FTE paraprofessional staff to work with ACT teams may be counted in the staff-to-beneficiary ratio.</li> <li>• If the ACT team provides substance use disorder services, there must be a designated Substance Abuse Treatment Specialist who has one or more credentials through the Michigan Certification Board of Addiction Professionals (MCBAP).</li> </ul>			<p>specialist, he/she may substitute for a portion of the physician time but may not substitute for the ACT RN. The nurse practitioner/clinical nurse specialist is not counted in the staff-to-beneficiary ratio.</p>	
1.2	<p>ACT team is sufficient in number to provide an intensive service array 24/7 and team</p>	<p>Medicaid Provider Manual, Mental Health and</p>	<p>ACT Consumer List for FY &amp; Correlating ACT Team Member List</p>		

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	size is based on a staff to consumer ratio of not more than 1:10	Substance Abuse Services, Chapter, Section 4.3	Please provide evidence of current ACT staff/consumer assignments.		
1.3	Team meetings are held Monday - Friday and documented, including attendees and consumers discussed. Psychiatrist, Physician and/or Nurse Practitioner participate in ACT team meetings at least weekly.	Medicaid Provider Manual, Mental Health and Substance Abuse Services, Chapter, Section 4.3	Team meeting minutes Documentation of Psychiatrist or PA and/or Nurse Practitioner attendance/ participation in team meetings at least weekly Please provide a month of meeting minutes to verify the standard. Please provide a month of meeting minutes to verify the standard.		
<b>2</b>	<b>HOME-BASED SERVICES</b>				
2.1	Responsibility for directing, coordinating, and supervising the staff/program are assigned to a specific staff position. The supervisor of the staff/program must meet the qualifications of a Qualified Mental Health Professional and be a child mental health professional with three years of clinical experience.	Medicaid Provider Manual, Mental Health and Substance Abuse Services, Section 7.1	Name, Job description		
2.2	The worker-to-family ratio meets the 1:12 requirements established in the Medicaid Provider Manual. For families transitioning out of home-based services, the maximum ratio is 1:15 (12 active, 3 transitioning).	Medicaid Provider Manual, Mental Health and	Org chart with case load documented internal tracking document. Please provide		

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		Substance Abuse Services Chapter, Section 7.1	evidence of current Homebased staff/consumer assignments. Please ensure the consumer list identifies active and transitioning people.		
2.3	Home-based services staff must receive weekly clinical (one on one and/or group) supervision.	Medicaid Provider Manual	Supervision logs, sign in sheets, or other documentation. Please provide a quarter of meeting minutes to verify the standard.		
2.4	Wraparound Only: The Family Status Report form is completed initially, quarterly, upon graduation, and one additional follow-up time. "One additional follow-up time" refers to the Family Status Report that is required to be completed for children/youth and their families 3- 6 months after transition to ensure improvements have been maintained, that the child/youth is stable, and the family is adequately supported.	MDHHS Letter: L22-26 Medicaid Provider Manual 3.31.F	Record Evidence – please choose any current Wraparound Consumer and submit evidence of compliance		
<b>3</b>	<b>Behavioral Health Homes</b>				
3.1	Provide 24-hour, seven days a week availability of information, screening for services and emergency consultation services to beneficiaries.	BHH Handbook	Policy/ Procedures; program handbook/guide		

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3.2	Ensure access to timely services for enrollees, Provider has policies/procedures in place for seeing enrollees within seven days and 30 days of discharge from an acute care or psychiatric inpatient stay.	BHH Handbook	Policy/ Procedures; program handbook/guide		
3.3	HHP has appropriate staffing HHPs (per 100 beneficiaries) <ul style="list-style-type: none"> <li>• Behavioral Health Specialist (0.25 FTE)</li> <li>• Nurse Care Manager (1.00 FTE)</li> <li>• BHH: Peer Support Specialist, Community Health Worker, Medical Assistant (3.00-4.00 FTE); SUD HH: Peer Recovery Coach, Community Health Worker (2.00-4.00)</li> <li>• Medical Consultant (0.10 FTE)</li> <li>• Psychiatric Consultant (0.05 FTE)</li> </ul>	BHH Handbook	Organizational Chart; Policy/ Procedures; program handbook/guide		