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<p>A. CONSUMER INVOLVEMENT</p> <p>(Medicaid Managed Specialty Services and Supports Contract, Consumerism Practice Guideline Attachment P 6.8.2.3.)</p>		
<p>A.1. The PIHP provides meaningful opportunities and supports for consumer involvement in service development, service delivery, and service evaluation activities.</p> <p>(Consumerism Practice Guideline V.A.6.)</p>	<p>Attain broader input of ideas from those who have a stake in the system. Utilize consumer experiences and views for developing current policy and practices.</p>	<p>The review team will look for evidence that:</p> <ul style="list-style-type: none"> • Consumers and family members are on CMHSP/PIHP boards and advisory councils • Stakeholders and the public attend meetings for comments and information. <p>This evidence may be found in the following areas: minutes, agendas, sign-in sheets, peer support specialists positions, 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.</p> <p>As evidence of compliance the PIHP can provide the review team with examples of awards and certificates that are given to consumers for their efforts and achievements. Additional evidence could demonstrate how consumer employees are compensated and promoted through out the system. The PIHP could also show events and examples from media coverage where the efforts and achievements of consumers were recognized.</p> <p>The PIHP could demonstrate compliance by showing relevant administrative policies and processes for collecting consumer service experiences. Examples could include customer satisfaction surveys, and mystery shopper efforts.</p> <p>Show efforts of opinion polls from consumers addressing programs and services. Show satisfaction surveys and how</p>

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		<p>the results are disseminated. Look at evidence available of changes made as a result of consumer satisfaction surveys and opinions. Discussions with consumers, clinicians, and family members.</p> <p>The PIHP could demonstrate compliance by showing:</p> <ul style="list-style-type: none"> • Minutes of meetings where advocates evaluated policies • How minutes are shared across boards and councils • How suggestions are addressed and implemented. • How consumer, family member and advocate input in new and ongoing policy and guidelines is solicited and utilized • Copies of letters sent to advocates inviting them to attend meetings addressing policies and guidelines • Evidence of consumer/advocate involvement in quality reviews of CMHSP/PIHP programs and services provided.
<p>B. SERVICES 1. GENERAL</p> <p>(Medicaid Managed Specialty Supports and Services Contract, Part II, Statement of Work, Section 2.0 Supports and Services)</p>		
<p>B.1.1. 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 need them.</p> <p>Medicaid Managed Specialty Supports and Services Contract, “Statement of Work”</p> <p>AFP Sections 2.8, 2.10.5, 3.1, 3.5</p>	<p>State Plan Services: Under the 1915(b) Waiver component of the 1915(b)/(c) program, the PIHP is responsible for providing the following state plan services to beneficiaries in the service area who meet applicable coverage or service eligibility criteria:</p> <ul style="list-style-type: none"> • ICF/MR services (under 16 beds) • Inpatient psychiatric hospital services (adults) • Inpatient psychiatric hospital services for individuals under age 22 • Psychiatric partial hospitalization services (outpatient hospital service) • Certain physician services related to inpatient or partial hospitalization 	<p>The site review team will examine:</p> <ol style="list-style-type: none"> 1. The PIHP’s activities to educate the general community regarding all of the following: <ol style="list-style-type: none"> a) Mental illness b) Serious emotional disturbance c) Developmental disabilities d) Mental Health 2. How the PIHP publicizes the array of available mental health services and service eligibility criteria to the community. 3. The PIHP’s establishment and use of waiting lists. 4. Prevention services directed to at-risk populations

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	<p>services</p> <ul style="list-style-type: none"> • Mental Health Clinic Services • Mental Health Community Rehabilitation Services • Mental Health Crisis Residential and Crisis Stabilization Services • Mental Health Psychosocial Rehabilitation Program • Substance Abuse Rehabilitative Services • Targeted Case Management for Adults and Children with mental illness or serious emotional disturbance and for Individuals with a developmental disability • Personal Care for Persons in CMHSP Specialized Residential Settings • Specialty Medicaid state plan services covered under this agreement and required to treat, correct, or ameliorate an illness or condition identified through an EPSDT screening <p>1915(b)(3) Services</p> <ul style="list-style-type: none"> • Assistive Technology • Community Living Supports • Enhanced Pharmacy • Environmental Modifications • Crisis Observation Care • Family Support and Training • Housing Assistance • Peer-Delivered or -Operated Support Services • Peer Specialist Services • Drop-In Centers • Prevention-Direct Service Models • Respite Care Services • Skill-Building Assistance 	<p>5. Annual assessment of community needs</p> <p>6. Residents of nursing homes with mental health needs are given the same opportunity for access to services as other individuals.</p> <p>7. Out reach activities to vulnerable populations.</p> <p>8. Prompt and easy access to services.</p> <p>9. Access to services for inmates in jails with mental health needs.</p> <p>The review team will look for supporting documentation as part of:</p> <ul style="list-style-type: none"> • Clinical record review • Administration interview/discussion • Consumer/guardian interviews • PIHP's description of enrolled programs and services (i.e., jail diversion program, prevention activities) <p><u>Prevention services:</u> AFP 2.8. Does the PIHP have evidence of activities for the following groups?</p> <ul style="list-style-type: none"> • Infant mental health • Children • Adolescents • Adult • Older adults/seniors • Women (pregnant, in shelters) • Homeless • Juvenile justice services • Substance abuse/use/disorders <p>Additional evidence that the PIHP has undertaken community education activities may be found in</p> <ul style="list-style-type: none"> • newsletters, newspaper articles, records of presentations to community organizations and

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	<ul style="list-style-type: none"> • Support and Service Coordination • Supported/Integrated Employment Services • Wraparound Services for Children and Adolescents • Fiscal Intermediary Services • Substance Abuse Services Sub-Acute Detoxification • Substance Abuse Services Residential Treatment <p>1915(c) Services The PIHP is responsible for provision of certain enhanced community support services for those beneficiaries in the service areas who are enrolled in Michigan’s 1915(c) Home and Community Based Services Waiver for persons with developmental disabilities. Covered services are listed below and are more specifically described in the Michigan Medicaid Provider Manual: Mental Health -Substance Abuse section</p> <ul style="list-style-type: none"> • Chore Service • Community Living Supports • Enhanced Dental • Enhanced Medical Equipment and Supplies • Enhanced Pharmacy • Environmental Modifications • Family Training • Out of home Non-Vocational Habilitation • Personal Emergency Response System • Pre-Vocational Habilitation • Private Duty Nursing • Respite Care • Supports Coordination • Supported Employment 	<p>groups</p> <ul style="list-style-type: none"> • participation in health fairs or screenings or other community benefit activities • informational brochures for consumers and families • other publications (brochures, newspaper articles, Internet web pages, yellow pages, advertisements. <p>Is this information written in a basic reading level, available in languages of people served, and available in alternative formats? Does the PIHP notify beneficiaries about how to access this information using the alternative formats?</p> <p>Additional evidence of compliance may be demonstrated by providing information on:</p> <ul style="list-style-type: none"> • the numbers of individuals receiving mental health services in nursing homes. • the types and amount of services provided to individuals in nursing homes. <p><u>Waiting lists:</u></p> <p>The review team will review PIHP information and discuss with PIHP staff members whether the PIHP has:</p> <ul style="list-style-type: none"> • Waiting lists for services • Process for managing any waiting lists • Documentation which supports that waiting lists are reviewed periodically • Made referrals to alternative services when necessary to meet an individual's needs. • Taken actions to reduce/eliminate waiting lists (i.e., hiring additional staff, contracting out for additional services, reorganizing the organizations intake and service provision process) <p>A copy of the annual needs assessment completed by the PIHP can also provide evidence that the PIHP has sufficient resources and programs in place to meet community needs.</p> <p>Service penetration rates can also be examined for persons under 18 and for those over 65 to determine if penetration</p>

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		<p>rates are equal to or greater than the representation of those groups in the service area population.</p> <p>If the PIHP's penetration rates for specific populations are extreme negative outliers compared to other PIHPs, do they have mechanisms in place to:</p> <ul style="list-style-type: none"> • identify possible reasons • develop and implement plans for improvement
B.2. PEER DELIVERED & OPERATED DROP IN CENTERS		
<p>B.2.1. Staff and board of directors of the Drop In Center are each primary consumers.</p> <p>(Medicaid Provider Manual, Mental Health/Substance Abuse, 17.3.H.2.)</p>	<p>Gives consumers significant employment opportunities. Provides real life experience on how to work on boards and the parliamentary procedure and helps nurture self-reliance. Produces role models for other consumers and enhances self-esteem.</p>	<p>Sources of evidence of compliance could include:</p> <ul style="list-style-type: none"> • List of board members and their status as primary consumers • List of staff members and their consumer status • Does the drop-in contract demonstrate clear consumer leadership? • Do personnel files and conversations with staff confirm consumer involvement and leadership?
<p>B.2.2. The PIHP supports consumer's autonomy and independence in making decisions about the Drop In Center's operations and financial management.</p> <p>(Medicaid Provider Manual, Mental Health/Substance Abuse, 17.3.H.2.)</p>	<p>Achieve social skills in a working environment to get things accomplished. Enhance decision-making abilities. A drop-in center demonstrates the accomplishments of consumers in work roles. Learn from trial and error when pursuing projects. Increases consumer inclusion, independence, and productivity. Develop effective abilities and skills to live in community with confidence.</p>	<p>The site review team will examine:</p> <ul style="list-style-type: none"> • Minutes from meetings and participation of members, staff, and board • How conflicts are resolved between the CMHSP/PIHP and the drop- in Centers • Evidence of how much involvement the liaison has • How are issues suggested by the CMHSP/PIHP embraced or rejected by the drop- in centers • Who writes the checks for the financial responsibilities of running the drop-in center and how are actual purchases decided • The effectiveness of the working relationship between the CMH and the Drop-in as established by the assigned CMHSP liaison
<p>B.2.3. The Drop In Center is located at a non-CMH</p>	<p>Being a separate entity demonstrates the</p>	<p>The site review team will examine the physical setting of a</p>

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<p>site.</p> <p>(Medicaid Provider Manual, Mental Health/Substance Abuse, 17.3.H.2.)</p>	<p>independence of the drop-in center. This provides consumers with a separate identity apart from CMHSP/PIHP. Compliance with the requirement keeps the informal social environment of a drop intact and keeps the structure of the mental health system from intruding on the day-to-day operations of the drop-in. A separate location also helps keep the environment casual, inclusive, and accepting.</p>	<p>drop in to ensure it is not located at a CMH site. Evidence of compliance may be ascertained through a visit to the Drop-In Program or through examination of other documentation, i.e., rental, lease or mortgage materials, or Service Agency Profile enrollment information.</p>
<p>B.2.4. The Drop In Center has applied for 501(c)(3) status.</p> <p>(Medicaid Provider Manual, Mental Health/Substance Abuse, 17.3.H.2.)</p>		<p>Acceptable documentation would consist of:</p> <ul style="list-style-type: none"> • incorporation certificate • a copy of the application materials submitted for 501(c)(3)
<p>B.2.5. For those beneficiaries who have drop in services specified in their individual plan of service, it must be documented as medically necessary and identify the amount, scope, and duration of the services to be delivered.</p> <p>(Medicaid Provider Manual, Mental Health/Substance Abuse, 17.3.H.2.)</p>		<p>The site review team will examine a sample of individual records as part of the site review process. If an individual plan of service specifies that an individual is to receive Drop-In services, they will review the documentation to ensure that those services are documented as being medically necessary and that the individual plan of service identifies the amount, scope, and duration of services to be provided.</p>
<p>B. 3. HOME BASED</p> <p>(Medicaid Provider Manual, Mental Health and Substance Abuse Services, Section 7)</p>	<p>It is required that the entire service array for individuals with developmental disabilities, mental illness, or a substance use disorder, including Home-Based Services, are available throughout the PIHP's catchment area to individuals who need them.</p>	
<p>B.3.1. <u>Eligibility/Target population:</u> Family unit with multiple service needs.</p>	<p>Refer to the Medicaid Provider Manual Section 7.2., 7.2.A., 7.2.B and 7.2.C. for eligibility criteria.</p>	<p>The site review team will verify that the assessments identify multiple service needs and the individual plans of service contain goals that reflect those identified needs.</p> <p>The site review team will verify by reviewing agency policy, clinical records and interviews with staff and consumers that the family requires assistance in accessing, managing and maintaining adequate and appropriate physical and/or</p>

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		behavioral health care, food, housing, education, job training or other needs as identified through the family-centered practice.
<p>B.3.2. <u>Structure/Organization</u>:</p> <p>Home-based program has a centralized structure (identifiable service unit of an organization).</p>	<p>Refer to the Medicaid Provider Manual Section 7.1</p> <p>Section 1.5 (Programs Requiring Special Approval) of the Medicaid Provider Manual indicates that Home-Based Services is a program requiring specific approval by MDCH prior to service delivery. It is also stated in this section that the PIHP shall notify MDCH of changes in providers of these programs.</p> <p>The Medicaid provider manual under Section 7—Home-Based Services, Organizational structure, states that the PIHP must specify the organizational structure through which the mental health home-based service program shall be delivered and indicates that the following requirements must be met: the structure must be centralized (i.e., the staff with responsibility for operating the home-based services program must be assigned to an identifiable service unit of an organization). The home-based provider enrollment criterion also specifies that staff members are to have an on-going assignment to a distinct, identifiable service unit of an organization with responsibility for the Home-based program. This means that home-based staff members are exclusive to the program. MDCH approval for all enrolled home-based programs were based on program descriptions that reflected exclusive assignment of staff</p>	<p>The site review team will verify that the PIHP and/or contract home-based program has a centralized structure. Are staff and supervision identified to the home-based program in program policy and procedures, organizational charts and employee job descriptions?</p> <p>Organizational charts and job descriptions must identify home-based services program responsibilities. Additionally, the site review team will verify that staff members providing home-based services are assigned exclusively to the home-based program.</p>

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	members to the home-based program.	
B.3.3. Mechanism for service coordination and integration has been defined and utilized.	Refer to the Medicaid Provider Manual Section 7.1	<p>The site review team will examine administrative policies and procedures to verify that they address service coordination and integration.</p> <p>Through clinical record review, the site review team will verify the home-based services demonstrate coordination and integration with other mental health services. Evidence compliance should be documented in a brief progress note that described the nature of the contact, and the date and length of time (start and stop).</p> <p>Service coordination might include meetings with DHS staff, school staff, court, letters to medical care providers, etc.</p>
B.3.4. <u>Staffing:</u> Full time worker to family ratio does not exceed 1:15.	Refer to the Medicaid Provider Manual Section 7.	The site review team will verify the worker to family ratio by looking at the number of families receiving home based services and the number of staff assigned to provide home based services. Additionally, the site review team will verify that staff members providing home-based services are assigned exclusively to the home-based program.
B.3.5. The home based services worker to family ratio must accommodate the levels of intensity that may vary from two to twenty hours per week based on individual family needs.	Refer to the Medicaid Provider Manual Section 7.	<p>The review team will review clinical records to ensure that the intensity of service falls within the 2-20 hours per week. Individuals who are being transitioned to another program or “graduation from home based services” may receive less than two hours per week if:</p> <ul style="list-style-type: none"> • The transition is clearly supported in the plan and progress notes. • The transition lasts no more than six weeks. <p>Isolated instances where this 2-20 hours of home-based services intervention are not possible because of consumer/family choice will not result in non-compliance with the review dimension.</p> <p>Any therapeutic, case management or collateral contact activity conducted by a home based services worker (not a home-based assistant) to achieve the goals stated in the plan</p>

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		of service can be counted towards the 2-20 hours of home based service provided to a family. This would include things like face to face time with the client and/or family, phone calls to the child and/or family, phone calls to other agencies to link, monitor or coordinate services, meetings with other agency partners with or without the child and/or family present and assisting the family with accessing other services (i.e. DHS, Health Dept., etc.) These are just examples and not an exhaustive list of the activities that could count toward the 2-20 hours of service. However, this clearly means that more than just face to face time with the child and/or family member(s) counts toward the amount of service provided to a family.
B.3.6. Home based services are provided in the family home or community settings which all citizens use.	Refer to the Medicaid Provider Manual 7.1. Location of Service.	The site review team will evaluate home-based policy and procedures and progress notes to ensure that services are provided in the family home or community setting. Progress notes must identify the location of the contact.
<p>B.4. ASSERTIVE COMMUNITY TREATMENT</p> <p>(Medicaid Provider Manual, Mental Health/Substance Abuse, Section 4 - Assertive Community Treatment Program)</p>	The entire service array for individuals with a developmental disability, mental illness, or substance use disorder, including Assertive Community Treatment services, are available throughout the PIHP's catchment area to individuals who need them.	
B.4.1. The program has been approved by DCH to provide Assertive Community Treatment services.	ACT programs must meet the program enrollment requirements as outlined in the Medicaid Provider Manual 4.1., 4.2., and 4.3.	The site review team will review enrollment letters for each team to assure fidelity with the ACT Model. The site review team will review the letter of enrollment at the MDCH office prior to the review.
B.4.2. Eligibility/Target Population: Persons receiving ACT services meet the eligibility requirements established in the Medicaid Provider Manual.	Refer to the Medicaid Provider Manual 4.2. Target Population.	The site review team will review PIHP policy, professional assessments and individual plans of service to assure that individuals receiving ACT services meet the eligibility requirements as listed in the dimensions/indicators.
B.4.3. <u>Structure/Organization</u> : ACT services are provided by all members of a:	Refer to the Medicaid Provider Manual 4.3. Essential Elements-Team-Based Service Delivery.	The site review team will review PIHP policy, the individual plan of service and ACT team member's progress notes to assure that all ACT team members share service delivery responsibilities. Progress notes should demonstrate that all

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<ul style="list-style-type: none"> • Mobile • Multi-interdisciplinary team. 		<p>ACT Team members are involved in service delivery and that the ACT Team meets team composition requirements outlined in B.4.4.2.</p>
<p>B.4.4. Case management services are interwoven with treatment and rehabilitation services and are provided by all members of the team.</p>	<p>Refer to the Medicaid Provider Manual 4.3. Essential Elements-Team-Based Service Delivery and Section 13-Targeted Case Management.</p>	<p>The site review team will review PIHP policy, assessments, individual plans of service and ACT team member progress notes to assure that beneficiaries are assisted in obtaining services and supports that are goal oriented and individualized.</p> <p>Case management services include assessment, planning linkage, advocacy, coordination and monitoring to assist beneficiaries in gaining access to needed health and dental services, financial assistance, housing, employment, education, social services, and other services and natural supports developed through the person-centered-planning process.</p>
<p>B.4.5. ACT crisis response coverage services are available 24 hours a day, 7 days a week. Crisis response coverage includes psychiatric availability.</p>	<p>Refer to the Medicaid Provider Manual 4.3. Essential Elements-Availability of Services.</p>	<p>The site review team will review PIHP policy and procedures, team meeting minutes, progress notes and interview staff and consumers to verify that ACT services are available 24 hours a day, 7 days a week, including crisis response coverage (psychiatric availability) and rapid response to de-compensation.</p> <p>The ACT program must have the capacity to involve the ACT psychiatrist in crisis response services when the nature of the individual’s crisis would warrant this level of involvement.</p> <p>NOTE: if the PIHP's Access Service is used to respond to any after-hours calls made by ACT consumers, referral procedures should be in place to immediately link ACT consumers with the on-call ACT team member(s) without Access Services staff conducting any triage activities.</p>
<p>B.4.6. ACT team meetings are held daily.</p>	<p>Refer to the Medicaid Provider Manual 4.3. Essential Elements-Team-Based Service Delivery.</p>	<p>The site review team will review PIHP policy and procedure and team meeting minutes to assure that ACT team meetings are held daily (Monday – Friday, exclusive of holidays).</p>

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<p>B.4.7. Physician meets with the ACT team on a frequent basis.</p> <p>Medicaid Provider Manual, MH/SA, Section 4- Assertive Community Treatment Program – Team Composition and Size.</p>	<p>Refer to the Medicaid Provider Manual 4.3. Essential Elements-Team Composition.</p>	<p>The site review team will review PIHP policies, procedures and team meeting minutes to assure that the physician meets with team on a frequent basis (at least weekly).</p>
<p>B.4.8. ACT team meetings occur Monday through Friday and are attended by all staff members on duty. Meeting activities and documentation comply with Medicaid Provider Manual Requirements.</p> <p>Medicaid Provider Manual, MH/SA, Section 4.3 – Essential Elements</p>	<p>Refer to the Medicaid Provider Manual 4.3. Essential Elements-Team-Based Service Delivery.</p>	<p>The site review team will review PIHP policy and procedure and ACT team-meeting minutes to assure that the status of all beneficiaries is reviewed. Documentation of daily team meetings must address all individuals and identify all staff members present.</p>
<p>B.4.9. Team composition is sufficient in number to provide an intensive array of services on a 24-hour/7days a week basis (including capability of multiple daily contacts); and team size is based on a staff (excluding psychiatrist, peers who don't meet the paraprofessional or professional staff criteria and clerical staff) to consumer ratio of not more than 1:10.</p>	<p>Refer to the Medicaid Provider Manual 4.3. Essential Elements-Staff to Beneficiary Ratio.</p>	<p>The site review team will review PIHP policy and procedure, account for the number of ACT consumers served by the ACT team, account for the number of ACT staff full time equivalents and calculate whether the program meets the 1:10 requirement. This information will be gathered from the medical record numbers provided by the PIHP.</p> <p>Sources of information will include: ACT staff roster, listings of individuals receiving ACT services, and Organizational Charts.</p>
<p>B.4.10. Team composition meets Medicaid Provider Manual requirements.</p>	<p>Refer to the Medicaid Provider Manual 4.3. Essential Elements-Team Composition.</p>	<p>The site review team will review PIHP policy and procedures, organizational charts and personnel records to assure that the ACT team includes the required team composition. The site review team will look at staff position descriptions and credentials. In addition, the site review team will review clinical records to ensure that the documentation in the clinical record supports that supervision of non-professional staff (typically a counter signature on progress notes) occurred.</p>
<p>B.4.11. The ACT program is an individually tailored combination of services and supports that may vary in intensity over time based on the</p>	<p>Refer to the Medicaid Provider Manual 4.5 Eligibility Criteria.</p>	<p>The site review team will review the individual's needs as identified in assessments, the amount, scope and duration of face to face contacts by the ACT team in the individual plan of service, and progress notes, to assure that the program</p>

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beneficiary's needs and condition.		provides an individually tailored combination of services and supports that meets the individual's needs.
B.4.12. Discharge is not prompted by cessation or control of symptoms alone, but is based on criteria that includes recovery and preference of consumer.	Refer to the Medicaid Provider Manual 4.5 Eligibility Criteria-Discharge.	<p>The site review team will review the individual’s needs as identified in assessments, the amount, scope and duration of face to face contacts by the ACT team in the individual plan of service, and progress notes, to assure that recovery is sufficient to maintain functioning without the support of ACT prior to discharge from ACT taking place.</p> <p>The site review team will review documentation to support that the beneficiary no longer meets the severity of illness criteria, engagement of the individual is not possible or the beneficiary has moved out of the geographic area prior to discharge from ACT.</p>
B.4.13. Majority of ACT services are provided according to the beneficiary’s preference and clinical appropriateness in the beneficiary’s home or other community locations rather than the team office.	Refer to the Medicaid Provider Manual 4.4. Elements of ACT “In Vivo” Settings.	The site review team will review progress notes to ensure that the majority of face-to-face contacts occur in the beneficiary’s home or other community locations rather than the team office.
<p>B.5. CLUBHOUSE PSYCHO-SOCIAL REHABILITATION PROGRAM</p> <p>(Medicaid Provider Manual, Mental Health/Substance Abuse, Section 5.)</p>		
B.5.1. Program is approved by DCH to provide Psycho-Social Rehabilitation Services.		<p>The site review process will verify that PSR programs have gone through the required enrollment approval process. This is done to ensure that all PSR programs are operated in fidelity with the Medicaid Provider Manual.</p> <p>The site review team will verify the enrollment status of the program prior to conducting the on-site review. During the on-site review, the site review team will verify that no changes have taken place that would require re-enrollment of the program, i.e., change of provider or physical location.</p> <p>The PSR enrollment process conducted by the Department's</p>

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		<p>PSR Specialist will ensure that the program day is of sufficient length to meet the expectations for PSR programs.</p> <p>Enrollment documentation maintained at the Department will be reviewed prior to conducting an on-site review. The program may also wish to maintain a copy of the enrollment approval letter issued by the Department.</p>
<p>B.5.2. <u>Eligibility:</u></p> <p>PSR members are adults with a serious mental illness who wish to participate in the PSR program and have identified psychosocial rehabilitation goals that can be achieved.</p>	<p>PSR is designed to assist people with serious mental illness to become more independent and lead fulfilling lives. Therefore to be eligible for services individuals have to meet medical necessity criteria defined by the department.</p> <p>In order for the Clubhouse to function effectively, members must be willing to participate in activities. It is not appropriate for members to attend the PSR without participating in clubhouse activities or to simply attend the program in order to meet their spend-down requirements.</p> <p>PSR programs are designed specifically for individuals with serious mental illness. This includes individuals who have serious mental illness with a dual diagnosis.</p>	<p>The review team will look at clinical records (i.e. clinical assessments, psychiatric evaluations, individual plan of service) to ensure that individuals have a qualifying diagnosis for participating in PSR programs. Individuals must have a diagnosis that qualifies as a serious mental illness; a diagnosis of developmental disability or substance use disorder by itself is insufficient.</p> <p>The review team will look at the members' clinical records to verify that any individuals with a developmental disability also have a qualifying Axis I diagnosis.</p> <p>Clubhouse programs must maintain files or records that include the member's individual plan of service and other related information. Evidence of compliance will be sought by reviewing files and determining the presence and content of individual plans of service.</p> <p>PSR members must have goals identified in their individual plans of service that can be accomplished through being a part of the clubhouse program. The review team will review the individual plan of service to ensure that the plan contains goals for the PSR program. The individual should be able to change their PSR goals at whatever time they wish and have the new goals reflected in an amended or updated plan.</p> <p>The PSR goals must be integrated in the individual plan of service; the PSR should not have a separate plan.</p>
<p>B.5.3. <u>Structure/Organization:</u></p> <p>Members have access to the clubhouse during times</p>	<p>Access to the Clubhouse program and services develops community inclusion, promotes a sense of belonging, increases meaningful activities and</p>	<p>The review team will be looking for documentation that supports that the Clubhouse has provided activities and events for those holidays on which it is closed. Holidays are</p>

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<p>other than the ordered day, including evenings, weekends, and all holidays.</p>	<p>enhances member's social skills, as well as provides recreation opportunities.</p> <p>Members should have the opportunity to structure their time in hours other than the regular working day. By providing access to clubhouse program outside of the ordered day, the Clubhouse decreases member isolation. Attendance on actual holidays provides a sense of family for consumers that do not have family.</p>	<p>defined as any day set aside by law or custom for the suspension of business, usually in commemoration of some event.</p> <p>The Clubhouse membership may choose not to be open or to offer any Clubhouse services on a given holiday. However, if the clubhouse is closed on a holiday, the review team will look for evidence that the members were canvassed as to whether they wanted access to the Clubhouse program and services on that day. The Clubhouse should remain open or alternative Clubhouse activities should be provided on the holiday for any members who desire it. This process should be documented in Clubhouse meeting minutes or in another manner.</p> <p>The review team is also looking for a schedule that demonstrates that access to the clubhouse occurs during evening and weekends. Minimal compliance would be documentation that the clubhouse program provided services at least one night per week, and one weekend per month.</p>
<p>B.5.4. The program must have a schedule that identifies when program components occur.</p>	<p>A schedule assists in giving members structure in their day-to-day routines. A schedule instills order to one's day and enhances member ability to establish a routine outside of the Clubhouse.</p>	<p>The review team will look for such documentation as a posting of daily, weekly and monthly activities. This could be on paper or posted on a bulletin or chalkboard. An enlarged schedule posted in plain view in a reception area or by the entrance would demonstrate compliance with this requirement.</p> <p>The calendar should list out not only the "special events" but the whole schedule, including time slots for the work ordered day, lunch, support groups, and all the day to day functions of the clubhouse.</p>
<p>B.5.5. The program must have an ordered day; vocational & educational support; member supports (outreach, self help groups, sustaining personal entitlements, help locating community resources, and basic necessities); social opportunities that build personal, community and social competencies.</p>	<p>A work ordered day provides members with the skills to transition into competitive employment. A work ordered day encourages the success of members through vocational and educational experiences and allows members to achieve substantial work and social competencies. Outreach to members assists them with issues</p>	<p>The review team will look for a copy of the clubhouse calendar or daily schedule that lists out the work-ordered day and what it consists of, as well as documentation which demonstrates consumer choice in selecting tasks and activities, i.e., sign up sheets, or member meeting minutes.</p> <p>The review team will look for evidence that the Clubhouse</p>

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	<p>that may be holding them back. Self help groups enhance the quality of life and offer needed support and networking with individuals facing similar circumstances. Clubhouse programs help fulfill member's needs for food, clothing, shelter, transportation, and securing and maintaining entitlements. Members build relationships and acquire skills for inclusion in the community, as well as gain the ability to develop and nurture long-term relationships. A clubhouse gives individuals input from social situations to help monitor mental health symptoms, issues, and concerns.</p> <p>The work ordered day and the essential elements of a clubhouse are defined in the Medicaid Bulletin. These are the minimum standards.</p>	<p>program links members to community resources, helps members obtain basic necessities, and builds social opportunities for members. Evidence of compliance will be obtained through interviews with Clubhouse members and reviews of member files.</p>
<p>B.5.6. Services directly relate to employment, including transitional employment, supported employment, on-the-job training, community volunteer opportunities, and supports for the completion of educational and other vocational assistance must be available.</p>	<p>Clubhouse programs are designed to build skills that will enable members to achieve a full life style inclusive of employment. One of the goals of clubhouses is to develop member work skills so that they may graduate from the program and to encourage work outside the clubhouse.</p> <p>Employment related activities give members the opportunity to transition into positions independent of governmental supports and develop job skills that will last a lifetime.</p>	<p>The review team will look at how the Clubhouse assists in developing the member's ability to obtain and maintain employment. The Clubhouse should maintain evidence that supported employment, transitional employment, volunteer opportunities, and associations with employment agencies and services outside of the CMHSP/PIHP system are occurring. This could include linking with Michigan Jobs Commission, Michigan Works, Goodwill, Temporary Services, and other job placement offices.</p> <p>The review team will ask staff and members what agencies they have used for linking to employment services and their experiences with them. The review team will verify by record review that this is occurring. This will also be discussed as part of the member interview process.</p> <p>During clinical record reviews, the review team will evaluate how the PSR addresses employment in individual progress notes.</p>
<p>B.5.7. Members influence and shape program</p>	<p>The purpose of this requirement is to give the membership some level of control of the day-to-</p>	<p>The Clubhouse should be able to demonstrate the process by which members shape and influence Clubhouse operations.</p>

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operations.	<p>day operations of the clubhouse. Members become confident as they realize they can make a difference. Being involved in shaping the program operations gives a sense of worth and contributes positively to the clubhouse.</p> <p>The Clubhouse philosophy is that the Clubhouse program should be run by members and staff. It is a responsibility of clubhouse to make sure this happens.</p>	<p>Documentation, i.e., administrative policies, member meeting minutes, as well as program operation should clearly demonstrate members' involvement in designing and implementing the Clubhouse program.</p> <p>The review team will look at minutes from meetings and observe clubhouse operations to evaluate if members are dependant or independently influencing and shaping Clubhouse operations.</p> <p>The department's Clubhouse specialist will also visit the program for one to two days during the initial enrollment process and also occasionally at other times for subsequent consultation purposes.</p>
<p>B.5.8. Staff and members work side by side to generate and accomplish individual/team tasks and activities necessary for the development, support and maintenance of the program.</p>	<p>Working side by side with staff members enables the members to develop a sense of teamwork and program ownership. It increases social interactions and provides opportunities for positive role modeling.</p> <p>Associations with other members and staff makes it easier for members to reach their goals and helps members focus on completing required tasks for a longer period of time. When members actively work on individual and team tasks they can build an appreciation for their involvement and contribution, and have an interest in its success.</p>	<p>The review team will observe how staff and members interact with each other and assess whether the interactions promote or discourage staff and members from working together in operating the Clubhouse. Are interactions verbally encouraging or dictatorial, and/or controlling? Does the physical layout of the Clubhouse promote or discourage member-staff interaction?</p> <p>During interviews with Clubhouse members, the review team will ask if staff and members are working side-by-side to accomplish PSR program tasks and activities.</p>
<p>B.6. CRISIS RESIDENTIAL SERVICES</p> <p>Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6.)</p>		<p>A written program description of the service to be provided is submitted to DCH for approval. The services must be provided under the auspices of an enrolled PIHP.</p> <p>The crisis residential service where the treatment is to be provided must have a current licensed and certification from the Department of Human Services.</p> <ul style="list-style-type: none"> • The team coordinator will check the current status of the program prior to site review.

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		<ul style="list-style-type: none"> The site review team will check current DHS licensure and certification of the residential home during a site visit to the home.
<p>B.6.1. <u>Eligibility:</u> Persons who meet psychiatric inpatient admission criteria, but who have symptoms and risk levels that permit them to be treated in alternative settings.</p>	<p>Services are designed for those beneficiaries who meet psychiatric inpatient admission or at risk of admission, but who can be appropriately served in settings less intensive than a hospital.</p>	<p>The review team will review access center referral notes and admission or assessment documentation to ensure that eligibility criteria are met.</p>
<p>B.6.2. <u>Structure/Organization</u> Services must be designed to resolve the immediate crisis and improve the functioning level of the person receiving services to allow them to return to less intensive community living as soon as possible.</p>	<p>Since the program is a short term, the plan of service of the individual admitted to crisis residential should focus on alleviating the symptoms, improving his or her coping skills and increasing knowledge about community resources.</p>	<p>The review team will look at the individual's plan of service, psychiatrist notes, case manager's notes, RN notes and direct care staff progress notes to assess whether services are designed to resolve the crisis that led to admission and to improve the individual's functioning level.</p>
<p>B.6.3. Covered services include: psychiatric supervision; therapeutic support services; medication management/stabilization and education; behavioral services; and nursing services.</p>	<p>Required covered services help the individual develop insight into their problems, improve coping skills or problem solving skills and increase compliance with their medication regime.</p>	<p>The team will review the individual plans of service, psychiatric progress notes and staff progress notes to ensure that the full range of covered services are provided.</p> <p>Documentation should include a schedule that delineates when services and supports are being provided to the individual.</p>
<p>B.6.4.(a) Child Crisis Residential Services Settings - Nursing services must be available through regular consultation and must be provided on an individual basis according to the level of need of the child.</p>		<p>The site review team will:</p> <ul style="list-style-type: none"> Review agency policy and procedure that defines availability of nursing services through regular consultation, i.e., daily for 4 hours or once or three times a week Review personnel files and training records of the nursing staff providing consultation to the children's crisis residential homes. Interview CRU Staff.
<p>B.6.4.(b) Adult Crisis Residential Settings - On-site nursing for settings of 6 beds or less must be provided at least 1 hour per day, per resident, 7 days per week, with 24 hour availability on-call.</p>		<p>For adult Crisis residential services, with six beds or less the program must include on-site nursing services. With 24 hour availability (RN or LPN under appropriate supervision). It is expected that the RN/LPN must have one-hour contact daily per resident, seven days a week.</p>

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<p style="text-align: center;">OR</p> <p>On-site nursing for settings of 7-16 beds must be provided 8 hours per day, 7 days per week, with 24 hour availability on-call.</p>		<p>However, for crisis residential that is licensed for 7-16 beds. On-site nursing is required 8 hours a day, 7 days a week, with 24, hour's availability. The team will review the RN/LPN schedule to determine if there is adequate nursing services coverage to meet the standards.</p>
<p>B.6.5. Staffing:</p> <p>Treatment services must be provided under supervision of a psychiatrist.</p>	<p>The psychiatrist is the primary treatment provider; therefore he is expected to be involved onsite in the course of treatment of the individual and oversight of the program.</p> <p>Reference Medicaid Provider Manual Section 6.4.</p>	<p>The team will review the role of the psychiatrist in the treatment planning process and look for the psychiatrist's signature on the plan of service to assure that he/she approved the individual plan of service developed by the team. The team will also look for the presence of other evidence that supports that the treatment is provided under the supervision of a psychiatrist. This evidence could include on-site psychiatric treatment and supervision of the program, staff supervision notes, meeting minutes, psychiatric review and signature on the individual plan of service, etc.</p>
<p>B.6.6. If the individual has an assigned case manager, the case manager must be involved in treatment, as soon as possible, including follow-up services.</p>		<p>The review team will examine clinical record documentation, i.e., crisis residential notes, and case management contact notes, to ensure the case manager's involvement in treatment and follow-up services.</p>
<p>B.6.7. If the length of stay in the crisis residential program exceeds 14 days, the interdisciplinary team must develop a subsequent plan based on comprehensive assessments.</p>		<p>There must be clinical justification for individuals to receive crisis residential services for more than 14 days. The reviewer will look for and examine the following documentation:</p> <ul style="list-style-type: none"> • Updated current assessment or new assessment based on the changes of beneficiary's medical or psychosocial status. • Updated plan of service based on the current assessment.
<p>B.7. TARGETED CASE MANAGEMENT</p> <p>(Medicaid Provider Manual, Mental Health/Substance Abuse, Section 13)</p>	<p>Targeted case management is a covered service that assists beneficiaries to design and implement strategies for obtaining services and supports that are goal oriented and individualized. Services include assessment, planning, linkage, advocacy, coordination and</p>	<p>The site review team will verify program registration either at the MDCH office or at the provider.</p> <p>Sources or documents evidencing compliance would include:</p> <ul style="list-style-type: none"> • Enrollment Letters • MDCH Records

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	<p>monitoring to assist beneficiaries in gaining access to needed health and dental services, financial assistance, housing, employment, education, social services, other services and natural supports developed through the person centered planning process.</p>	<ul style="list-style-type: none"> • Administrative Records
<p>B.7.1. Eligibility: Children with serious emotional disturbance, adults with mental illness, persons with a developmental disability, and those with co-occurring substance use disorders who have multiple service needs; have a high level of vulnerability; require access to a continuum of mental health services; or are unable to independently access and sustain involvement with services.</p>	<p>Refer to the Medicaid Provider Manual Section 13-Targeted Case Management.</p>	<p>The site review team will review assessments to identify multiple service needs and to verify that individual plans of service contain goals reflecting those identified needs that require assistance in accessing, managing and maintaining adequate and appropriate physical and/or behavioral health care, food, housing, education, job training or other needs as identified through the person-centered-planning process.</p> <p>Evidence of compliance would include: MDCH Records Administrative Policies and Procedures Administrative Staff Interview Individual Case Records Clinical Staff Interview Consumer/Family Interview</p>
<p>B.7.2. Persons must be provided a choice of available, qualified case management staff upon initial assignment and on an ongoing basis.</p>	<p>Refer to the Medicaid Provider Manual Section 13-Targeted Case Management.</p>	<p>The site review team will review PIHP policy and procedure for assigning case managers, and interview staff and beneficiaries to verify that beneficiaries are provided a choice of qualified case management staff upon initial assignment and on an ongoing basis.</p> <p>Evidence of compliance could be found in: Administrative Records Policies and Procedures Administrative Staff Interview Individual Records Clinical Staff Interview Consumer/Family Interview</p>
<p>B.7.3. Program provides the core elements of case management: assessment, linking/coordination, and monitoring.</p>	<p>Refer to the Medicaid Provider Manual Section 13.3. Core Requirements-Assessment.</p>	<p>The site review team will review assessments to assure that they comprehensively address the beneficiary’s needs/wants, barriers to needs/wants, supports to address barriers, and</p>

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		<p>health and welfare issues. Assessments must be current.</p> <p>The site review team will look for evidence that the person-centered-planning process takes place and results in an individual plan of service that:</p> <p>Identifies what services and supports will be provided.</p> <p>Identifies who will provide the services.</p> <p>Identifies how the case manager will monitor the identified services and supports.</p> <p>Provides support for the beneficiary’s dreams, goals and desires for promoting recovery.</p> <p>Assists in development and maintenance of natural supports.</p> <p>Assures the participation of the beneficiary.</p> <p>Identifies gaps in service provision.</p> <p>Coordinates services and supports, makes referrals and advocates for the beneficiary.</p> <p>Coordinates with primary and other health care providers.</p> <p>Assists in crisis planning.</p> <p>Identifies after hours contact.</p>
<p>B.8. PERSONAL CARE IN LICENSED RESIDENTIAL SETTINGS</p> <p>(Medicaid Provider Manual, Mental Health/Substance Abuse, Section 11)</p> <p>Administrative Rule R330.1801-09 (as amended in 1995)</p>		
<p>B.8.1. <u>Structure/Organization:</u></p>		<p>The team will review individual records and personnel records to determine compliance with the personal care</p>

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<p>Personal care services are authorized by a physician or the case manager or supports coordinator using a format that captures the required elements.</p> <p>R 330.2810</p> <p>Medicaid Provider Manual, Section 11</p>		<p>services requirements as outlined in the Medicaid Provider Manual.</p> <p>The IPOS must clearly identify that services were appropriately authorized (a physician, case manager or supports coordinator), and rendered by a qualified person.</p> <p>Supporting documentation can be found in:</p> <ul style="list-style-type: none"> • Individual records, including the individual plan of service. • Personnel record review to determine qualifications
<p>B.9. INPATIENT PSYCHIATRIC HOSPITAL ADMISSION</p> <p>(Medicaid Provider Manual, Mental Health/Substance Abuse, Section 8; M.C.L. 330.1209(a))</p>		
<p>B.9.1. Inpatient pre-admission screening services must be available 24 hours a day, 7 days a week.</p>	<p>Refer to the Medicaid Provider Manual Section 8 Inpatient Psychiatric Hospital Admissions. PIHP responsibilities include ensuring that direct operated crisis screening and any contractual screening services cover the 24-hour period, seven days per week.</p>	<p>The site review team will review PIHP policies and procedures, as well as interview staff and consumers to assure that inpatient pre-screening services are available 24 hours a day, 7 days a week.</p> <p>Administrative policies and procedures need to identify how the screening process is available 24-7.</p> <p>The review team will look at sample of inpatient pre-admission screenings to see if they demonstrate that services were available 24-7.</p>
<p>B.9.2. Disposition is completed within three hours.</p>	<p>Refer to the standards for reporting the pre-admission screening timeliness for the performance indicator system. Those requirements may be found in the Reporting Requirements attached to the contract.</p>	<p>The review team will look at sample of inpatient pre-admission screenings to see if decisions were made within the three-hour time frame identified in the performance indicator system.</p> <p>The review team will look for evidence of a recorded start time: When the beneficiary is clinically, medically and physically available to the CMHSP/PIHP. When emergency room or jail staff informs CMHSP/PIHP that is ready to be</p>

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		<p>assessed or when an individual presents at an access center and is clinically cleared.</p> <p>Next, the review team will look for recorded evidence of the time the evaluation actually begins.</p> <p>Finally, the review team will look for evidence of a recorded stop time when the clinician (in the access center or emergency room) who has the authority or the utilization management unit that has the authority, makes the decision whether or not to admit the beneficiary to a psychiatric unit of a hospital.</p> <p>Note: After the decision is made the clock stops but other activities will continue such as transportation, arranging for hospital bed and or crisis stabilization.</p>
<p>B.9.3. The PIHP is responsible for ensuring that discharge planning is completed in conjunction with hospital personnel.</p>		<p>The site review team will review consumer pre-screening records for documentation that supports that discharge planning is completed in conjunction with hospital personnel. Supporting documentation, i.e., continuing stay reviews, discharge plans, progress notes, etc., should demonstrate that PIHP staff members have been actively involved in discharge planning activities. Evidence of active involvement could include documented phone calls with hospital staff, and attendance at discharge planning meetings.</p>
<p>B.10. INTENSIVE CRISIS STABILIZATION SERVICES (Medicaid Provider Manual, Mental Health/Substance Abuse, Section 9)</p>	<p>It is important to differentiate an Intensive Crisis Stabilization Services program from general crisis intervention services. Crisis intervention services are unscheduled activities that are provided in response to a crisis situation. Crisis intervention services include crisis response, crisis line, assessment, referral, and direct therapy. By way of contrast, Intensive Crisis Stabilization Services is a short-term alternative to inpatient psychiatric hospitalization provided by a professional treatment team under the supervision of a psychiatrist. Intensive Crisis</p>	<p>A written program description of the Intensive Crisis Stabilization Services program is submitted to DCH for approval. The program must be provided under the auspices of a PIHP. The team coordinator will check the current approval status of the Intensive Crisis Stabilization Services program prior to conducting the on-site review.</p>

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	Stabilization Services programs must be formally approved by the Department of Community Health.	
<p>B.10.1. <u>Eligibility</u>:</p> <p>Persons with a diagnosis of mental illness or mental illness with a co-occurring substance abuse disorder, or developmental disability, who have been assessed to meet criteria for psychiatric hospital admission, but who with intense interventions, can be stabilized and served in their usual community environments or persons leaving inpatient psychiatric services if crisis stabilization services will result in shortened inpatient stay.</p>		<p>Intensive Crisis Stabilization Program services are structured treatment and support activities provided by a mental health crisis team and intended to provide a short-term alternative to in-patient services. The services may be used to avert a psychiatric admission or to shorten the length of an inpatient stay when clinically appropriate.</p> <p>Intensive Crisis Stabilization Program services are designed for beneficiaries who have been assessed to meet the eligibility criteria for psychiatric hospitalization admission, but with intense interventions, can be stabilized and served in their usual community environments. This means that the program must have the capacity to provide intensive crisis stabilization services in the individual’s home or other community settings, according to the preferences of the individual receiving services. Intensive crisis stabilization services must not be provided exclusively or predominately in established residential program settings, crisis centers, or screening centers.</p> <p>Beneficiaries must have a diagnosis of mental illness or mental illness with co-occurring substance abuse disorder or developmentally disability to be eligible for Intensive Crisis Stabilization Services.</p> <p>To assess compliance with this review dimension, the site review team will look for supporting documentation of compliance in:</p> <ul style="list-style-type: none"> • the access referral form • hospital discharge notes • Review of the admission notes by the caseworker • Clinical record • psychiatric notes
B.10.2. <u>Structure/Organization</u> :	The program must have an identified team of	The site review team will review:

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<p>Intensive/Crisis stabilization services are intensive treatment interventions delivered by an intensive/crisis stabilization treatment team under psychiatric supervision.</p>	<p>staff members responsible for providing intensive crisis stabilization services. The team must contain mental health professionals and may contain properly trained para-professionals.</p> <p>The program must be under the supervision of a psychiatrist who approves the treatment modality of a consumer according to his needs. Direct on-site supervision is not required, but the psychiatrist must be available by telephone at all times.</p>	<ul style="list-style-type: none"> • clinical records such as progress notes by the assigned team. • psychiatric contact notes <p>The review team will also look for the psychiatrist's signature on the individual plan of service as evidence of psychiatric supervision of the program. The program must be able to demonstrate that the psychiatrist is available by telephone at all times.</p>
<p>B.10.3. Services include intensive individual counseling/psychotherapy, assessments (rendered by the treatment team), family therapy, psychiatric supervision and therapeutic support services by trained paraprofessionals.</p>	<p>Mental health professionals, who work with consumers receiving Intensive Crisis Stabilization Services, provide intensive treatment to prevent future crisis with education and support on coping skills, medication education and use of community resources. Family involvement in the treatment process is strongly encouraged if needed.</p>	<p>The site review team will review:</p> <ul style="list-style-type: none"> • individual plan of service and look for services appropriate for the individual's needs • family involvement and the use of other natural supports in the intensive crisis stabilization services • caseworker progress notes to determine if frequency of contacts match the identified service amount, scope and duration in the individual plan of service
<p>B.10.4. Nursing services/consultation must be available.</p>		<p>The review team will review administrative and clinical record documentation to ensure that the program has the capacity to make nursing services or nursing consultation available.</p>
<p>B.10.5. Plans for follow-up services (including other mental health services where indicated) after the crisis has been resolved. The role of the case manager must be identified where applicable.</p>	<p>The plan of service should clearly identify follow-up services and outline ongoing sources of assistance and referrals to other providers as needed. It is important to ensure that the individual is followed-up appropriately in the community after discharge from Intensive Crisis Stabilization services.</p>	<p>The review team will review the clinical record to ensure there is documentation of follow-up or after care services after discharge.</p> <p>If the individual was receiving case management services prior to receiving intensive crisis stabilization services, or a need for case management services is identified during delivery of intensive crisis stabilization services, then the role of the case manager must be identified in the individual plan of service.</p>
<p>B.10.6. If the individual receiving intensive crisis stabilization services is receiving case management services the assigned case manager must be</p>	<p>Early interventions by the case manager may assist the individual's recovery from the crisis and shorten the time intensive crisis stabilization</p>	<p>The review team will look for evidence in the clinical records to support coordination and linking of the consumers to other programs and services. Supporting documentation</p>

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involved in the treatment and follow up services.	services are needed.	may be found in case management progress notes.
B.10.7. For children’s intensive crisis stabilization services the plan must address the child’s needs in context with the family’s needs; consider the child’s educational needs; and be developed in context with the child’s school district staff.	Developing a plan that addresses the family's needs and the educational needs of a child may help determine appropriate treatment interventions for the child and family.	The review team will examine the initial plan of service to ensure that it is family focused and that coordination occurs with other agencies such as the child’s school.
<p>B.11. CHILDREN’S WAIVER</p> <p>(Medicaid Provider Manual, Mental Health/Substance Abuse, Section 14 and Appendix)</p>	<p>The Children’s Waiver site review protocol is in the process of being revised by staff from the Office of Services to Children and Families. Integration of the site reviews formerly completed by staff from the Division of Quality Management and Planning and the Office of Services to Children and Families will occur after those site review protocols have been completed.</p>	
<p>B.12. HABILITATION SUPPORTS WAIVER</p> <p>(Medicaid Provider Manual, Mental Health/Substance Abuse, Section 15)</p>	<p>The purpose of this section is to ensure that the PIHP is complying with Habilitation Supports Waiver (HSW) eligibility requirements, freedom of choice provision, service provider qualifications, administrative procedures and developing plans of service that promotes independence, community integration, and productivity for individuals served through the HSW.</p>	
<p>B.12.1. Persons must be assessed to require the level of service or supports provided in an ICF/MR as evidenced by a QMRP's certification.</p> <p>Medicaid Provider Manual, Section 15</p> <p>(10/06,MPM, MH/SA, Pg. 6)</p>		<p>Clinical record documentation must support that individuals meet the eligibility requirements to receive habilitation waiver services.</p> <p>The site review team will monitor documentation to ensure that:</p> <ul style="list-style-type: none"> • The clinical record supports that the person required the level of service or supports provided in an Intermediate Care Facilities for persons with Mental Retardation (ICF/MR). • QMRP’s certification is present in the clinical record.

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<p>B.12.2. Persons must be certified as current enrollees and be re-certified annually.</p> <p>Medicaid Provider Manual, Section 15</p> <p>(10/06, MPM, MH/SA, Pg.76)</p>		<p>The site review team will confirm that individuals are re-certified annually. Dates on the certification form will demonstrate whether the certifications are current.</p>
<p>B.12.3. A copy of the certification form must be in the individual's file.</p> <p>Medicaid Provider Manual, Section 15</p> <p>(10/06, MPM, MH/SA, Pg.76)</p>		<p>The site review team will look for a current certification (within one year) in the individual's case record.</p>
<p>B.12.4. QMRP Oversight</p> <p>All services are provided under the supervision of a physician or other QMRP.</p> <p>Medicaid Provider Manual, Section 2 – Program Requirements, 2.1 Mental health and Developmental Disability Services</p> <p>(10/06, MPM, MH/SA, Pg. 8, Pg.91)</p>		<p>The site review team will confirm that care is provided under the supervision of a physician or other qualified mental retardation professional.</p> <p>Supporting evidence may be found in:</p> <ul style="list-style-type: none"> • Clinical records • Personnel records • Performance evaluations • Documentation of supervision • Training records • Documentation that CLS and respite staff received education appropriate to child's needs, as indicated in the IPOS. • Evidence of supervision as identified in the IPOS/assessments to assure child's health and safety. • Documentation that staff meets child's needs (amount, scope and duration) as identified in the IPOS. • Policies and procedures
<p>B.12.5. If a Waiver enrollee receives Environmental Modifications or Equipment, the PIHP has implemented prior authorizations in accordance with their process.</p>		<p>The site review team will review the PIHP's process for prior authorizing environmental modifications or equipment provided under the Waiver. If an individual whose record is selected for review has received an environmental</p>

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		modification or equipment, the site review team will look for and review documentation which supports that the PIHP has complied with their prior authorization policy.
<p>B.12.6. Documentation that HSW support and services provided are necessary to prevent ICF/MR level of care services.</p> <p>Medicaid Provider Manual, Section 15</p>		<p>The expectation is that services and supports are sufficient in amount scope and duration to reasonably achieve the desired outcomes. For example, an individual's desire to increase their involvement in the community would not be satisfied by getting out in the community one time a month.</p> <p>The plan of service should identify the frequency of services needed to achieve the desired results. Keep in mind that the services for individuals who are enrolled in the habilitation supports waiver need to be of a sufficient amount, scope and duration, that if not provided would otherwise require a level of care provided in an ICF/MR setting.</p> <p>The site review team will seek evidence to support that the HSW support and services provided were necessary to prevent institutionalization. Acceptable documentation will demonstrate that the services in the plan are necessary to prevent institutionalization.</p> <p>The review team will also review the clinical record to ensure that each of the HSW services identified in the Medicaid Provider Manual are provided as needed, with the level and intensity of services of a sufficient level to prevent ICF/MR level of care services. These services include chore services, community living supports, enhanced medical equipment, enhanced pharmacy, environmental modifications, family training, out-of-home non-vocational habilitation, personal emergency response systems, pre-vocational services, private duty nursing, respite care, support coordination, and supported employment.</p>
<p>B.12.7. Individual chose to participate in HSW supports and services in lieu of ICF/MR services.</p> <p>Medicaid Provider Manual, Section 15</p>		<p>The review team members will examine documentation to support that individual's had an opportunity to choose between HSW supports and services and institutional services.</p>

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		Sources of information include: <ul style="list-style-type: none"> • Clinical records review (Section III of the Habilitation Supports Waiver certification form) • Consumer/family interview
B.12.8. Individual had an ability to choose among various waiver services. Medicaid Provider Manual, Section 15		The site review team will look for evidence that demonstrates that individuals were informed about their right to chose among various waiver services and how the individual’s choices were documented and subsequently reflected in their individual plan of service.
B.12.9. Individual had an ability to choose their providers. Medicaid Provider Manual, Section 15		The individual must be provided with information regarding their right to request alternative providers or service sites. The review team will examine information provided to ensure that this requirement is met. Supporting documentation could be found in clinical records, administrative policies and procedures, as well as consumer/family and administrative interviews.
B.13. ADDITIONAL MENTAL HEALTH SERVICES [(B)(3)S] (Medicaid Provider Manual, Mental Health/Substance Abuse, Section 17)		
B.13.1. <u>Presence in the Plan:</u> Services to be provided are documented in the IPOS.	The (b)(3) mental health supports and services are designed as a way to fund additional medically necessary supports and services (beyond those available as part of the State Plan).	If (b)(3) services are being provided, the site review team will review the clinical record to determine if (b)(3) services and supports are identified in the individual’s plan of service.
B.13.1.2. <u>Goals:</u> <ul style="list-style-type: none"> • Community Inclusion and participation • Independence • Productivity 	Goals will vary according to the individual’s needs and desires. However, goals that are inconsistent with least restrictive environment and individual choice and control can not be supported by (b)(3) services unless there is documentation that health and safety would otherwise be jeopardized. The services in the plan, whether (b)(3) services	The team will review the individual plan of service to ensure that the plan of service includes goals in one or more of the following areas: community inclusion and participation, independence, or productivity. <ul style="list-style-type: none"> • Independence (how the individual defines the extent of such freedom for him/herself during person-centered planning and or/ family centered practice). • Beneficiary’s productivity by being engaged in

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	<p>alone or a combination of State plan or Habilitation Supports waiver services, must reasonably be expected to achieve the goals and intended outcome identified for the individual receiving services.</p>	<p>activities that result in or lead to maintenance of increased self-sufficiency.</p> <ul style="list-style-type: none"> • Community inclusion and participation (the use of community services and participation in community activities in the same manner as the typical citizen).
<p>B.13.2.1. <u>Supports and Services</u></p> <ul style="list-style-type: none"> • Assistive Technology 	<p>Assistive technology is an item or set of items that enable the individual to increase his ability to perform activities of daily living with a greater degree of independence than without them: to perceive, control or communicate with the environment in which he/she lives. These are items that are not available through other Medicaid coverage or through other insurance. Items identified must be specified in the plan of service and must be ordered by a physician on a prescription or certificate of medical necessity as defined in the General Information Section of the Medicaid Provider Manual.</p> <p>Covered assistive technology items must meet applicable standards of manufacture, design and installation.</p> <p>Reference, Medicaid Manual provider 17.3. Assistive technology</p>	<p>The review team will look for documentation that supports that:</p> <ul style="list-style-type: none"> • The individual plan of service identifies items necessary for the individual to increase their ability to perform his/her activities of daily living functioning. • A physician prescription or physician-completed certificate of medical necessity is present. (Order valid for one year.)
<p>B.13.2.2. Community Living Supports</p>	<p>Community Living Supports are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his/her goals of community inclusion and participation, independence or productivity. The support may be provided in the participant's residence or in the community settings (including, but not limited to libraries, city pool, camps, etc.)</p> <p>Reference to Medicaid Provider Manual: 17.3, B Community Living Support</p>	<p>The reviewers will look for the following documentation:</p> <ul style="list-style-type: none"> • The presence of individual plan of service goals and objectives that address the individual needs for community inclusion and participation with a desired outcome. • The amount, scope and duration these services will be provided. • Progress notes that demonstrate appropriate implementation of the plan.

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B.13.2.3. Enhanced Pharmacy	<p>Enhanced pharmacy items are physician-ordered, non-prescription “medicine chest” items as specified in the individual plan of service.</p> <p>Reference to 17.3.C. Medicaid Provider Manual on Enhanced Pharmacy.</p>	<p>The reviewers will look for documentation that demonstrates:</p> <ul style="list-style-type: none"> • The item has been ordered by a physician • The item is not available through Medicaid or other insurances.
B.13.2.4. Environmental Modifications	<p>Environmental modifications are physical adaptation to the beneficiary’s own home or apartment and/or workplace. There must be documented evidence that the modification is the most cost-effective alternative to meet the beneficiary’s need/goals based on the result of a review of all options, including a change in the use of rooms within the home or alternative housing or in the case of vehicle modification, alternative transportation.</p> <p>All modifications must be prescribed by the physician. Prior to the environmental modification being authorized, the PIHP may require that the beneficiary apply to all applicable funding sources (e.g., housing commission grants, MSHDA, and community development block grants) for assistance. It is expected that the PIHP case manager/supports coordinator will assist the beneficiary in his pursuit of these resources. Acceptance and denials by these funding sources must be documented in the beneficiary’s records. Medicaid is a funding source of last resort.</p> <p>Reference to Medicaid Provider Manual 17.3.D Environmental modifications.</p>	<p>The reviewers will look for documentation that supports:</p> <ul style="list-style-type: none"> • The presence of a physician prescription for the environmental modification. • The PIHP has made efforts to ensure that other funding mechanisms were pursued prior to using (b)(3) services as a funding source to make the environmental modification and that the environmental modification is the most cost effective way of meeting the individual’s needs.
B.13.2.5. Crisis Observation Care	<p>This program must be enrolled with MDCH.</p> <p>Crisis Observation Care must be provided in settings that are secure, protected, medically staffed, and psychiatrically supervised. Crisis</p>	<p>The reviewer will evaluate whether:</p> <ul style="list-style-type: none"> • The program was enrolled with MDCH • Services are provided in appropriate settings • The clinical record demonstrates that the individual is

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	<p>Observation Care cannot be provided in an emergency room, inpatient medical floor, or inpatient medical observation bed.</p> <p>Crisis Observation Care services are less than 24 hours in duration, involving rapid diagnosis, treatment and stabilization of an individual with psychiatric or substance abuse emergency, and that results in sufficient amelioration of the situation to allow the person to be discharged and transferred to an outpatient care service.</p> <p>Reference the Medicaid Provider Manual 17.3.E, Crisis Observation care.</p>	<p>under the care of a psychiatrist during the period of observation</p>
<p>B.13.2.6. Family Support and Training</p>	<p>Family Support and Training services are family-focused services provided to family (natural or adoptive parents, spouse, children, siblings, relatives, foster family in-laws and other unpaid care givers) of persons with serious mental illness, serious emotional disturbances or developmental disability for the purpose of assisting the family in relating to and caring for and /or living with disabilities. The services target the family members who are caring and/or living with an individual receiving mental health services. The service is to be used in cases where the beneficiary is hindered or at risk of being able to achieve goals of: performing activities of daily living; perceiving, controlling or communicating with the environment in which he lives; or improving his inclusion and participation in the community or productive activity or opportunities for independent living.</p> <p>Reference to Medicaid Provider Manual 17.3.F Family support and training</p>	<p>The review team will review the clinical record to ensure that:</p> <ul style="list-style-type: none"> • The individual plan of service identifies the Family Support and Training necessary to assist the individual in achieving his/her goals • The individual plan of service identifies the Training and counseling goals, content, frequency and duration of the training. • Clinical progress notes and/or status reviews support provision of Family Support and Training as specified in the individual plan of service.
<p>B.13.2.7. Housing Assistance</p>	<p>Housing assistance is assistance with short-term interim, or one-time-only expenses for</p>	<p>The reviewers will evaluate the clinical record for the</p>

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	<p>beneficiaries transitioning from restrictive settings into more independent, integrated living arrangements while in the process of securing other benefits (e.g., SSI) or public programs (e.g., governmental rental assistance and /or home ownership programs) that will become available to assume these obligations and provide needed assistance.</p> <p>Reference Medicaid Provider Manual Section 17.3.G. Housing Assistance.</p>	<p>presence of the following documentation:</p> <ul style="list-style-type: none"> • Individual plan of service that contains a goal for independent living, and confirmation that the individual either lives in a home /apartment that he/she owns, rents or leases; or is in the process of transitioning to such a setting • Individual plan of service documents that the beneficiary-signed lease, rental agreement, or deed demonstrates the individual's control of the living arrangement • Any documentation that demonstrates efforts under way to secure other benefits such as SSI or Public program (governmental rental assistance. Community housing initiative and /or home ownership programs) so when these become available they will assume these obligations and provide the needed assistance.
<p>B.13.2.8. Peer Delivered Or Operated</p>	<p>Peer-delivered or peer-operated support services are programs that provide individuals with opportunities to learn and share coping skills and strategies, move into more active assistance and away from passive patient roles and identities and to build and/or enhance self-esteem and self-confidence.</p> <p>Reference Medicaid Provider Manual Section 17.3.H. Peer-Delivered or Operated Support Services.</p>	<p>The site reviewer staff will conduct site visits to the programs and evaluate if the programs are operated in compliance with requirements. Reference B.2. of this guideline for more detail on Peer-Delivered or Operated Drop-In Centers.</p>
<p>B.13.2.9. Peer Specialist Services</p>	<p>The peer specialist services provide individual with opportunities to support, mentor and assist beneficiaries to achieve community inclusion, participation, independence, recovery, resiliency, and /or productivity. Peers are individuals who have a unique background and skill from their experience in utilizing services and supports to achieve their personal goals of community membership, independence and productivity.</p>	<p>The review team will look for evidence that the PIHP has the capacity to provide peer specialist services throughout the PIHP's catchment area. Information on the number of peer-specialists, their names, the capacity in which they are employed, and their roles within the organization will be requested prior to the review.</p> <p>The PIHP's capacity will also be evaluated by reviewing encounter data submitted by the PIHP, as well as discussing</p>

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	<p>Peers have special ability to gain trust and respect of other beneficiaries based on shared experience and perspective with disabilities, and with planning and negotiating human services systems.</p> <p>Reference Medicaid Provider Manual 17.3.H for Peer Specialist Services.</p>	<p>with the AFP panel, how peer specialist services are being implemented across the PIHP.</p> <p>MDCH is moving towards mandating that all peer specialists be certified by Appalachian Group in conjunction with MDCH and anticipates that certification will be required within the next two years.</p> <p>The review team will look for evidence that the PIHP has effective methods for informing individuals about the availability of peer specialist services. During interviews, the review team will ask individuals if they were informed about peer specialist services and if they were made available to the individual if desired.</p>
<p>B.13.2.10. Drop-in Centers</p>	<p>Peer-run drop-in centers provide an informal, supportive environment to assist beneficiaries with mental illness in the recovery process. If the beneficiary chooses to participate in Peer-run Drop-in Center services, such services may be included in the individual plan of service if medically necessary for the beneficiary. Peer-Run Drop-In centers provide opportunities to learn and share coping skills and strategies, to move into more active assistance and away from passive patient roles and identities, and to build and/or enhance self-esteem and self-confidence.</p> <p>Under no circumstances may the peer-run Drop-In Centers be used as respite for caregivers (paid or non-paid) or residential providers of individuals.</p> <p>The PIHP must seek approval from MDCH prior to establishing new Drop-In programs.</p> <p>Reference Medicaid Provider Manual, 17.3.H.2. Drop-In Centers</p>	<p>The review team will look for the following documentation:</p> <ul style="list-style-type: none"> • Letter of approval from MDCH to operate the Drop-In Center. The site review team will review the approval status of the program prior to the site visit • For those beneficiaries who do have drop-in center services specified in their individual plan of service, there must be documentation that it is medically necessary • The plan of service must identify how the program supports individual goals. • The amount scope and duration of the services to be delivered must be identified in the individual plan of service.
<p>B.13.2.11. Prevention - Direct Service Models</p>	<p>Prevention-direct service models are programs</p>	<p>The reviewer will look for documentation which supports</p>

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	<p>using individual, family and group interventions designed to reduce the incidence of behavioral, emotional or cognitive dysfunction, thus reducing the need for individuals to seek treatment through the public mental health system.</p> <p>Reference Medicaid Provider Manual, 17.3.1. Prevention-Direct Service Models.</p>	<p>that the PIHP has one or more direct service models in place. Sources of information could include:</p> <ul style="list-style-type: none"> • Administrative materials which demonstrate the availability of one or more of the prevention-direct service models, i.e., customer service brochures, utilization information, etc. • Individual plans of service that identify the provision of one or more of the prevention-direct service models.
B.13.2.12. Respite Care Services	<p>Respite Care Services are services that are provided to assist in maintaining a goal of living in a natural community home by temporarily relieving the unpaid caregiver. PIHP's may not require active clinical treatment as a prerequisite for receiving respite care. These services do not supplant or substitute for community living support or other services of paid support/training staff.</p> <p>Reference Medicaid Provider Manual Section 17.3.J. Respite Care Services.</p>	<p>The site review team will review clinical files and individual plans of service for documentation which supports that:</p> <ul style="list-style-type: none"> • decisions and amounts of respite are decided during person-centered planning • respite services do not supplant community living supports or other services • respite services are provided in appropriate settings (the individual's home or place of residence, a licensed family foster care home, facility approved by the State, home of a friend or relative, licensed camp, or in the community with a trained respite worker.
B.13.2.13. Skill Building Assistance	<p>Skill building assistance consists of activities that assist a beneficiary to increase his economic self-sufficiency and/or to engage in meaningful activities such as school, work and/or volunteering. The services provide knowledge and specialized skill development and/or support. Skill building assistance may be provided in the beneficiary's residence or in the community.</p> <p>Reference: Medicaid Provider Manual, 17.3.K Skill Building Assistance.</p>	<p>The reviewers will look for documentation that the beneficiary is not currently eligible for sheltered workshop services provided by Michigan Rehabilitation Services (MRS). In addition, the site review team will review the individual plan of service and other documentation to ensure that the provision of skill-building assistance is appropriately addressed.</p>
B.13.2.14. Support and Service Coordination	<p>Functions performed by a supports coordinator, coordinator assistant, case manager assistant, supports and services broker, or otherwise designated representative of the PIHP that</p>	<p>The reviewers will look for the following documentation:</p> <ul style="list-style-type: none"> • The amount, scope and duration of support and service coordination is clearly identified in the individual plan of service.

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	<p>include assessing the need for support and service coordination.</p> <p>Reference Medicaid Provider Manual, 17.3.L. Support and Service Coordination.</p>	<ul style="list-style-type: none"> • If a supports coordinator assistant or case management assistant is used, documentation must reflect appropriate supervision by the qualified supports coordinator or qualified case manager respectively. Supporting documentation could include: job descriptions, performance appraisals, supervisory notes, and co-signing of case record documentation. • If an individual has both a supports coordinator, assistant case manager, or coordinator assistant, and a services and supports broker, the individual plan of service must clearly identify the staff member who is responsible for each fu
<p>B.13.2.15. Supported /Integrated Employment Services</p>	<p>Provide job development, initial and ongoing support services to assist beneficiaries to obtain and maintain paid employment that would otherwise be unachievable without such supports. Supports services are provided continuously as needed throughout the period of employment. Capacity to intervene to provide assistance to the individual and/or employer in episodic occurrences of need is included in this service. Supported/integrated employment must be provided in integrated work setting where the beneficiary works alongside people who do not have disabilities.</p> <p>Reference Medicaid Provider Manual, 17.3.M. Supported /Integrated Employment Services.</p>	<p>If an individual is receiving supported/integrated employment services, the reviewers will review the clinical record, and engage in interviews with staff members to evaluate whether the individual plan of service identifies the amount, cope, and duration of the supported/ integrated employment services.</p>
<p>B.13.2.16. Wraparound Services For Children And Adolescents</p>	<p>Wraparound Services for children and adolescents is a highly individualized planning process performed by specialized case managers who coordinate the planning for and delivery of wraparound services and incidental non-staff items that are medically necessary for the child beneficiary. The planning process identifies strengths, needs and strategies and outcomes.</p>	<p>The site review team will review the beneficiary’s individual plan of service and the case manager’s progress notes to evaluate whether:</p> <ul style="list-style-type: none"> • The planning process identifies strengths, needs, strategies (staffed services and non-staff items) and outcomes • children served in wraparound meet criteria for receiving wrap-around services (two or more of the

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	Reference Medicaid Provider Manual 17.3.N. Wraparound Services for Children and Adolescents.	following: involved in multiple systems, at risk of out of home placement or in out of home placement, served through other mental health services with minimal improvement, risk factors exceed capacity for traditional community-based options, numerous providers are serving multiple children in a family and the outcomes are not being met)
B.13.2.17. Fiscal Intermediary Services	<p>Fiscal Intermediary Services is defined as services that assist the adult beneficiary, or a representative identified in the beneficiary’s individual plan of services, to meet the beneficiary’s goals of community participation and integration, independence or productivity while controlling his individual budget and choosing staff who will provide the services and support identified in the IPOS and authorized by the PIHP. The intermediary helps the beneficiary manage and distribute funds contained in the individual budget.</p> <p>Reference Medicaid Provider Manual 17.3.O. Fiscal Intermediary Services.</p>	The reviewers will look at the individual plan of service for the role of the fiscal intermediary in providing support to beneficiary as well as ensure that fiscal intermediary services are not performed by providers of other covered services to the beneficiary, or by the beneficiary's family members or guardians.
B.13.3.1. Sub-Acute Detoxification	<p>The PIHP may provide the services only when each of the following is true:</p> <ul style="list-style-type: none"> • Services meet medical necessity criteria for the beneficiary (Refer to MDCH/PIHP contract, attachment P.3.2.1, Medical Necessity criteria); • Services are based on individualized determination of need; • Services are cost effective; • Services do not preclude the provision of a necessary state plan service. 	If Sub-acute detoxification is provided to an individual, the clinical record must contain documentation that the admission is likely to directly assist the individual in the adoption and pursuit of a plan for further appropriate treatment and recovery.

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	<ul style="list-style-type: none"> • Services meet access standards contained in the Substance Abuse Service Section, Covered Services Subsection, including a level of care (LOC) determination based on an evaluation of the six assessment dimensions of the current ASAM Patient Placement Criteria. <p>Reference, Medicaid Provider Manual, Section 18 Additional Substance Abuse Services (B3s) Sub-acute Detoxification services is medically supervised care for the purpose of managing the effects of withdrawal from alcohol and /or other drugs as part of a planned sequence of addiction treatment. This service must be staffed 24-hours-per day, seven days a week by a licensed physician or by the designated representative of a licensed physician. The program must be supervised by a licensed physician.</p> <p>The service is limited to stabilization of the medical effects of the withdrawal, and referral to necessary ongoing treatment and/or support services. This service, when clinically indicated, is an alternative to acute medical care provided by licensed health care professionals in a hospital setting.</p> <p>Reference Medicaid Provider Manual 18.1 Sub-acute Detoxification.</p>	
B.13.3.2. Residential Treatment	<p>The PIHP may provide the services only when each of the following is true:</p> <ul style="list-style-type: none"> • Services meet medical necessity criteria for the beneficiary (Refer to MDCH/PIHP contract, attachment P.3.2.1, Medical Necessity criteria); 	<p>Clinical record documentation should support that the effects of the individual's substance use disorder are so significant, and the resulting impairment so great, that outpatient and intensive outpatient treatments have not been effective or cannot be safely provided and that the individual is willing to participate in the treatment.</p>

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	<ul style="list-style-type: none"> • Services are based on individualized determination of need; • Services are cost effective; • Services do not preclude the provision of a necessary state plan service. • Services meet access standards contained in the Substance Abuse Service Section, Covered Services Subsection, including a level of care (LOC) determination based on an evaluation of the six assessment dimensions of the current ASAM Patient Placement Criteria. <p>Reference, Medicaid Provider Manual, Section 18 Additional Substance Abuse Services (B3s) Residential treatment is defined as intensive therapeutic service which includes overnight stay and planned therapeutic, rehabilitative or didactic counseling to address cognitive and behavioral impairments for the purpose of enabling the beneficiary to participate and benefit from less intensive treatment.</p> <p>Reference Medicaid Provider Manual Section 18.2 Residential Treatment.</p>	
<p>B.14. JAIL DIVERSION</p> <p>Adult Jail Diversion Policy Practice Guideline of February 2005 - Contract Attachment P.6.8.4.1.</p> <p>R 330.2810</p> <p>Michigan Mental Health Code, 1995, Act 290</p>		
<p>B.14. The PIHP is responsible for ensuring that</p>		<p>The site review team will examine the agency's process and</p>

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each CMHSP within its provider network:		success in diverting persons with serious mental illness, serious emotional disturbance, or developmental disability who have committed misdemeanors and non-violent felonies to services as an alternative to being charged and incarcerated in a county or municipal jail.
<p>B.14.1. has an interagency agreement that describes the specific pathways of the pre-booking and post-booking jail diversion program with each law enforcement entity on their service area.</p> <p>AFP Section 2.9.3 & 2.9.4</p>		<p>The site review team will examine the interagency agreement to ensure that it identifies that individuals with mental health needs may be diverted from the criminal justice system at any point. At a minimum the agreement must include:</p> <ul style="list-style-type: none"> • Identification of the target population for jail diversion. • Identification of staff and their responsibilities. • Plan for continuous cross-training of mental health and criminal justice staff. (The review team’s expectation is that there is at least annual training and the PIHP maintains documentation what shows the date of the training, who attends, as well as the training topic.) • Specific pathways for the diversion process. (The pathways for the diversion process must include pre- and post booking as well as in-jail services.) • Description of specific responsibilities/services of the participating agencies at each point in the pathway. • Data collection and reporting requirements. (Reference B.14.6) • Process for regular communications including regularly scheduled meetings. (Reference B.14.4) • The team will also review evidence to support that each CMHSP within the PIHP has formal linkages in place with family courts and the juvenile justice system Collaborative working relationships can positively impact the successful diversion of children. <p>Sources of information include:</p>

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		<ul style="list-style-type: none"> • The PIHP's Jail Diversion policy/procedure/guideline • Agreements with criminal justice system (courts, jail, law enforcement, prosecutors) • Identification of each enforcement entity in their service area. • Clinical files documentation which demonstrates that individuals meet eligibility requirements for jail diversion and in-jail services.
<p>B.14.2. has a post-booking jail diversion program in place that ensures jail detainees are screened for the presence of a serious mental illness, co-occurring substance disorder, or developmental disability within the first 24-48 hours of detention.</p>	<p>Providing for early identification of individuals with mental health treatment needs who meet the diversion criteria is done through the initial screening and evaluation that usually takes place in the arraignment court, at the jail, or in the community for individuals out on bond. It is important to have a process in place that assures that people with mental illness are screened in the first 24 to 48 hours of detention.</p>	<p>The site review team will validate that there are effective processes to:</p> <ul style="list-style-type: none"> • Assure that screening for mental illness is conducted in the first 24 to 48 hours of detention. • Evaluate jail detainee's eligibility for the jail diversion program. • Link eligible jail detainees to the array of community-based mental health and substance abuse services. <p>Sources of information include:</p> <ul style="list-style-type: none"> • Jail diversion agreements • Jail Diversion data • Documentation that supports that screening takes place within the first 24-48 hours of detention. • Documentation that demonstrates the outcome of jail diversion activities. • Policies and procedures, guidelines • Evidence of linking to services. • Evidence of on-site assessments for inmates receiving in-jail services. • The presence of standardized jail diversion and data collection tools across the PIHP.
<p>B.14.3. assigns specific staff to the pre-booking and post-booking program to serve as liaison between the mental health, substance abuse, and criminal justice systems.</p>		<p>The site review team will validate that:</p> <ul style="list-style-type: none"> • Specific staff member(s) are identified as liaisons to bridge the barriers between the mental health and criminal justice system.

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<p>MDCH/CMHSP Managed Mental Health Supports and Services Amendment #1</p>		<ul style="list-style-type: none"> • Documentation supports recruitment efforts to obtain staff experienced in both mental health and criminal justice systems. • Documentation supports that case managers are provided effective training with specific criminal justice focus. (Review team may ask to review training records to ensure that jail diversion staff and other PIHP staff members are knowledgeable about the jail diversion program). <p>Sources of information will include:</p> <ul style="list-style-type: none"> • Jail Diversion agreements • Personnel records • Staff job descriptions • Training records (i.e., cultural competence, criminal justice system, mental health, etc.) • Documentation which shows evidence of liaison activities (i.e., working relationships with prosecutors, defense attorneys, courts, law enforcement and corrections officers, to produce a disposition outside the jail in lieu of prosecution or as a condition of a reduction in charges), and linking individuals to the array of community-based services they require. • Examples of court diversions, including documentation of pre-release planning activities. • Evidence of pre & post booking activities.
<p>B.14.4. establishes regular meetings among the police/sheriffs, court personnel, prosecuting attorney, judges, and CMHSP representatives.</p>		<p>The site review team will establish that there are regular meeting among the key players (prosecutors, defense attorneys, judges and court personnel, law enforcement and corrections officers) to encourage coordination of services and the sharing of information.</p> <p>Sources of information will include:</p> <ul style="list-style-type: none"> • Jail Diversion agreements and policies. • PIHP activities that promote attendance of law enforcement and mental health personnel attendance at jail diversion program meetings, including:

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		<ul style="list-style-type: none"> • Meeting schedules • Meeting agendas • Meeting minutes (inclusive of recommendations, identification of responsible party, follow-up from previous meeting, implementation of accepted recommendations.) • Sign in sheets that identify participants, their title, and meeting date • Any correspondence that demonstrates the PIHP's attempts to communicate with law enforcement personnel
<p>B.14.5. provides cross training for law enforcement and mental health personnel on the pre-booking and post-booking jail diversion program.</p>		<p>The site review team will examine information sources for evidence of cross training for law enforcement and mental health personnel.</p> <p>Possible documentation sources include:</p> <ul style="list-style-type: none"> • Training dates • Training Announcements • Training curriculum (i.e., crisis intervention, mental illness symptoms, consultation between mental health and police) inclusive of title of training, goals and objectives • Minutes of session • Sign in sheets that identify participants, their title, and meeting date • Pre- and Post tests (though not required this is one way for the PIHP to demonstrate that effective training is taking place) • Evaluation of training (i.e., survey results from participants) • Recommendations for improvement
<p>B.14.6. maintains a management information system that can identify individuals brought or referred to the mental health agency as a result of a pre-booking or post-booking diversion.</p> <p>Medicaid Managed Specialty Supports and Services</p>		<p>The review team will examine jail diversion data to measure the PIHP's accomplishments in the areas of pre- and post booking jail diversion activities. Data should be reflective of jail diversion activities and outcomes as indicated in the Jail Diversion Practice Guideline.</p>

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<p>Contract, Section 6.5.1 & 6.5.2</p>		<p>The PIHP must provide MDCH with uniform data and information. The management information system must be HIPAA compliant and must identify individuals brought to the mental health agency as a result of a pre-booking or post-booking diversion. The PIHP’s data collection system must allow them to produce reports for discreet time periods that identify the overall numbers of individuals diverted, both pre- and post booking.</p> <p>Reports should describe:</p> <ul style="list-style-type: none"> • Type of crime • The individual's diagnosis • Type and quantity of services provided while in diversion • Outcomes of their care • Unique consumer ID as assigned by the CMHSP • Date of diversion
<p>B.15. SUBSTANCE ABUSE ACCESS & TREATMENT</p> <p>(Medicaid Managed Specialty Supports and Services Contract, Statement of Work, Section 2 Supports and Services, Section 3 Access Assurance)</p>		
<p>B.15.1. The PIHP has adopted common policies and procedures concerning assessment and service provision for individuals with co-occurring mental health and substance use disorders.</p> <p>(AFP 3.8.4.)</p>	<p>There are advantages to having a system that is similar across service areas. The best practices and approaches that are successful can be honed and refined and shared to all entities. Common efforts make work efficient and enhance the economy of scale. Co-occurring disorders happen in urban and rural areas and services should be uniformly of high quality and equally available.</p> <p>PIHPs should develop specific policy statements that will help the system to achieve co-occurring capability that applies throughout the service array of the agency and not simply focusing on a</p>	<p>The review team will review administrative policies and procedures to ensure that the PIHP has common policies for co-occurring mental health and substance use disorders and that the policies are implemented consistently throughout the PIHP.</p> <p>An absence of a policy will result in a score of 0. Separate mental health and substance abuse policies would also score 0.</p> <p>Further evidence of meeting the standard would be documentation that supports that staff at all the levels of the agency participated in the process of building the</p>

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	single or specialized Co-occurring disorder group or unit.	infrastructure needed to achieve co-occurring capacity.
B.15.2. The PIHP is responsible for coordination with substance abuse treatment providers when appropriate.		<p>The site review team will review consumer pre-screening records to assure that coordination with substance abuse treatment providers is documented and occurs when appropriate. Refer to the Medicaid Provider Manual Section 8.5. Eligibility Criteria.</p> <p>If the screening process identifies a substance disorder then the site review team will be looking at the documentation to ensure that an appropriate substance disorder referral was made. It is a clinical judgment by the PIHP screening staff member as to whether a substance disorder exists, but if substance use was a contributing factor to the individual's need for inpatient screening, then there is an expectation that a substance disorder treatment referral or services will be provided.</p>
B.15.3. The PIHP ensures that the required continuum of substance abuse rehabilitative services is available.		The review team will expect the PIHP to provide evidence that they contract or provide substance abuse access management system, outpatient, intensive outpatient, and methadone treatment services.
B.15.4. The PIHP has sufficient capacity to meet demands for substance abuse services.		The review team will check for the presence of any waiting lists for any of the required services. The presence of a waiting list is clear evidence that a PIHP has insufficient capacity. Individual interviews may also confirm the presence or absence of sufficient service capacity.
B.15.5. The PIHP meets the requirements to provide 24 hours a day, 7 day a week access to substance abuse screening assessment and referral services.	Substance abuse and possible relapse can happen any time of the day or night. Having a 24/7 system in place to address crisis intervention, screening, and referrals for substance abuse consumers are a basic necessity and an indicator of the quality of mental illness and substance abuse treatment.	<p>The review team will look for evidence that the PIHP has sufficient capacity to provide screening 24 hours per day, seven days per week. Evidence could include:</p> <ul style="list-style-type: none"> • Contracts with a provider to complete the after hours coverage • Administrative policies and procedures that address business hours and after hours access to screening, assessment and referral services.

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<p>B.15.6. The PIHP has effective methods for assuring that substance abuse treatment is based on the development of an individualized treatment plan.</p>	<p>An individualized plan is required for individuals with a substance use disorder.</p>	<p>Supporting evidence will be sought in clinical record reviews. Common goals and objectives seen in multiple records in a program are an indicator that treatment has not been individualized.</p>
<p>B.15.7. The PIHP has a process for ensuring that substance abuse treatment providers make clinical decisions consistent with the Medical Necessity Criteria for Medicaid Mental Health and Substance Abuse Services requirements as attached to the contract.</p>		<p>The review team will look for evidence that the PIHP has effective processes for ensuring that substance abuse treatment providers make clinical decisions consistent with the contract. Does the diagnosis for each individual include a substance use disorder? Does information in the assessment support such a diagnosis?</p>
<p>C.1. IMPLEMENTATION OF PERSON-CENTERED PLANNING</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P 3.4.1.1. Person-Centered Planning Practice Guideline</p> <p>Attachment 3.11.3 Consumerism Best Practice Guideline.</p> <p>MHC 712</p> <p>Chapter III, Provider Assurances & Provider Requirements</p> <p>Attach. 4.7.1 Grievances and Appeals Technical Requirement.</p> <p>MDCH Administrative Hearings Policy and Procedures dated 9/1/99.</p> <p>Technical Requirements in 42CFR on Grievance and Appeals.</p>		<p>The site review team will verify that the PIHP/CMHSP has a DCH-approved policy or practice guideline that delineates how family-centered practice will be implemented as it pertains to children, youth, and families.</p>
<p>C.1.1. The individual is provided with options of choosing independent facilitation.</p>		<p>The review team will review administrative materials, clinical records, and interview individuals receiving services to determine compliance in this area. Evidence of compliance could include:</p>

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		<ul style="list-style-type: none"> • Customer Services brochures which identify the availability of independent facilitation • PIHP contracts with independent facilitators • The presence of individual plans of service that were developed through independent facilitation in clinical records reviewed • Interviews with individuals receiving services confirm that they were informed of the availability of independent facilitation and allowed to choose independent facilitation if they desired
<p>C.1.2. The PIHP has integrated person-centered planning processes for individual with co-occurring mental health and substance disorders.</p> <p>(AFP 2.2.2.)</p>		<p>The review team will review administrative policies and procedures to ensure that the policies address integration of person-centered planning processes for individuals with co-occurring mental health and substance use disorders.</p> <p>Individual plans of service and consumer interviews may also support compliance with this standard, as well as the presence of a PIHP process to maximize the continuity of care for each beneficiary by ensuring coordination across multiple episodes of care and linking with multiple systems in the community.</p> <p>Goals and objectives in the individual plan of service should address both mental health and substance use disorders.</p>
<p>C.1.3. Preplanning meetings occur before a person-centered planning meeting, according to the individual's desires and needs.</p>		<p>The review team will look for evidence of compliance, including pre-planning meeting documentation for non-urgent/emergent services, within the clinical record</p> <p>Are pre-planning meetings taking place immediately before the plan of service development meeting or are they occurring far enough in advance of the person-centered planning so that the individual's desires can be fully implemented as part of the planning process?</p> <p>Is there evidence that the individual's desired participants were contacted for their availability before the planning meeting date is scheduled?</p>

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<p>C.1.4. Person-centered planning addressed individual's goals, interests and desires.</p>		<p>The review team will review the clinical record to ensure that pre-planning activities identified all of the individuals, including family members, friends, and professionals, that the individual desires or requires to be part of the planning process.</p> <p>The review team will interview individuals receiving services, and review clinical records to determine if person-centered planning processes addressed the individual's desires and goals.</p>
<p>C.1.5. Person-centered planning used a strength based approach.</p>	<p>When working with children and their families, family-centered practice should focus on the child's strengths, family member's strengths, and family strengths as a whole.</p> <p>Strengths and culture should be reflected in intervention strategies and objectives. The family-centered plans should build on the family's strengths, skills and competencies.</p>	<p>The individual's own words should be used throughout the person-centered planning process and the wording should be focused in the positive and avoid terminology of weaknesses or problem areas.</p> <p>Progress notes should address strengths, skills, and competencies.</p>
<p>C.1.6. Person-centered planning addressed community inclusion.</p>	<p>Community inclusion is the participation of an individual in everyday activities that is typical for most children and adults in our culture.</p> <p>Persons with a developmental disability, persistence mental illness and substance use disorder frequently discover that it is not as easy to participate in everyday activities as other individuals who are not experiencing mental or physical problems. Some of these individuals live independently, but they still require supports to help build their skills. These individuals need support to learn skills that are required for full community inclusion.</p>	<p>The review team will be looking for evidence that the individual plan of service developed through person-centered planning processes, addresses the individual's desires and needs for community inclusion. Sources of information would include:</p> <ul style="list-style-type: none"> • The individual plan of service • Individual interviews
<p>C.1.7. Person-centered planning addressed natural supports.</p>	<p>The development of natural supports shall be viewed as an equal responsibility of the PIHP and the individual. The PIHP, in partnership</p>	<p>The review team will look for evidence that the person-centered planning process encourages strengthening and developing natural supports by inviting family, friends, and</p>

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	with the person, is expected to develop, initiate, strengthen, and maintain community connections and friendships through the person-centered process.	allies to participate in the planning meeting(s) to assist the individual with his/her dreams, goals and desires. The individual plan of service should identify if and how natural supports will be used to help the individual reach their desired outcomes.
C.1.8. Person-centered planning addressed health and safety.		Health and Safety needs should be identified and addressed in the planning process in partnership with the individual. The plan of service coordinates and integrates PIHP services with primary health care as necessary/desired by the individual.
C.1.9. The plan of service for individuals receiving crisis residential services must contain clearly stated goals and measurable objectives, derived from the assessment of immediate need, stated in terms of specific observable changes in behavior, skills, attitude, or current circumstances structured to resolve the crisis (Children's plan of service must address the child's needs in context with the family's needs and in consultation with school district staff) and identify the activities designed to assist the person receiving services to attain his/her goals and objectives		The review team will: <ul style="list-style-type: none"> • Review the individual plan of service to check whether the goals are clearly stated and if objectives are measurable. • Review assessments and initial physician, case management, nursing, and direct care staff notes to ensure that the goals and objectives flow from an assessment of the individual's needs and are designed to resolve the current crisis.
C.1.10. The plan of service for individuals receiving crisis residential services must contain discharge planning information and the need for aftercare/follow-up services, including the role and identification of the case manager.		The site review team will review the individual plan of service to ensure that discharge planning and the need for any follow-up services is addressed in the plan. The case manager and their role in assisting with aftercare services must be identified in the plan of service.
C.1.11. The file for an individual receiving personal care services contains an assessment of their need for personal care. Medicaid Provider Manual, Section 11.3		The need for personal care services must be clearly identified in an assessment. The site review team will examine clinical records for current assessments that evaluate and describe the individual's need for personal care services.
C.1.12. When there is a need for a behavior treatment plan, it is developed through a person-		The person-centered planning process used in the development of an individualized written plan of services

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centered planning process.		will identify when a behavior treatment plan needs to be developed. Case record documentation will demonstrate that assessments have been conducted to rule out physical, medical or environmental causes of the behavior; and that there have been unsuccessful attempts, using positive behavioral supports and interventions, to change the behavior prior to implementing a behavior treatment plan.
C.1.13. Written special consent is obtained before the behavior treatment plan is implemented.		Written special consent must be given by the individual, or his/her guardian on his/her behalf if one has been appointed, or the parent with legal custody of a minor prior to the implementation of the behavior treatment plan.
C.1.14. Family driven and youth guided supports and services are provided for minor children.		<p>Service delivery should concentrate on the child as a member of the family, with the wants and needs of the child and family integral to the plan developed. Parents and family members of minors shall participate in the person-centered planning process unless:</p> <ol style="list-style-type: none"> 1. The minor is 14 years of age or older and has requested services without the knowledge or consent of parents, guardian or person in loco parentis within the restrictions stated in the Mental Health Code; 2. Minor is emancipated; or 3. The inclusion of the parent(s) or significant family members would constitute a substantial risk of physical or emotional harm to the recipient or substantial disruption of the planning process as stated in the Mental Health Code. Justification of the exclusion of the parents shall be documented in the clinical record. <p>Services shall be delivered in a family driven and youth guided approach, implementing comprehensive services that address the needs of minor and his/her family. The Person-Centered Planning Policy Practice Guideline states: A family driven and youth guided approach recognizes the importance of the family and the fact that supports and services impact the entire family.</p> <p>In the case of minors, the child/family is the focus of service</p>

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		<p>planning, and family members are integral to the planning process and its success.</p> <p>As a child matures toward transition age, services and supports should become more youth-directed.</p> <p>Evidence of PIPH compliance could be found in:</p> <ul style="list-style-type: none"> • Assessments • Progress notes • Pre-planning documentation • Individual plan of service <p>Progress notes should address if the parents were actually present at the session or if consultations have taken place.</p> <p>The interventions or methodology portions of the plan of service are a more logical place to show evidence of family centered practice principles than a goal statement.</p> <p>The site review team will review the clinical record to verify that the individual plan of service focuses on the child and his/her family. The family driven and youth guided plan should identify child and family strengths and individual needs, determine appropriate interventions, and identify supports and resources. It is developed in partnership with the family through a family-centered practice.</p> <p>The family driven and youth guided plan of service and progress notes should include evidence that family members are involved in treatment. Examples might include the father establishing and implementing a quiet time after dinner for homework, parents attending parenting classes, and parents learning and using positive feedback for appropriate behaviors.</p>
<p>C.1.15. For beneficiaries with co-occurring substance use disorders, individualized treatment will be integrated by the team as part of the overall treatment approach.</p>		<p>The site review team will review PIHP policy, assessments, individual plans of service and ACT team member progress notes to assure that ACT beneficiaries with co-occurring substance use disorders are provided integrated treatment with appropriate goals, objectives and referrals if necessary</p>

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		<p>for treatment of mental illness and co-occurring substance abuse.</p> <p>One potential indicator of the ACT program’s ability to comply with this standard is whether ACT staff members have received training in treating co-occurring substance use disorders.</p>
<p>C.1.16. Individuals are provided with ongoing opportunities to provide feedback on how they feel about services, supports and/or treatment they are receiving, and their progress towards attaining valued outcomes.</p>	<p>Children, youth and families are provided with ongoing opportunities to provide feedback on the impact of their services, the support and/or treatment they are receiving, and their progress toward attaining valued outcomes. Changes in the plan are made in response to the youth and family’s feedback. A dynamic process is important for children and families because of rapidly changing developmental needs.</p>	<p>The review team will review interview individuals to verify that they have been given ongoing opportunities to express their needs and desires.</p> <p>Interview information should clearly support that individuals have been given the opportunity to express preferences and exercise choices as part of the person-centered planning process and that their planning meetings are not limited to an annual planning meeting.</p> <p>Documentation should demonstrate how an individual’s preferences and choices are determined, when the individual is not able to clearly communicate. Adjustments of services could be documented in progress notes and new services should be noted in addendum to plan of service.</p> <p>The review team will look for documentation that clearly demonstrates that individuals have been afforded opportunities to provide feedback on the services they receive and whether they are making progress towards achieving desired outcomes. Potential sources include:</p> <ul style="list-style-type: none"> • Satisfaction Surveys • Administrative interviews with consumers and family members • Mystery Shopper Program • Consumer focus groups • Progress notes • Periodic reviews of the individual plan of service <p>Individual plan of service amendments can show that an individual’s feedback was acted upon and resulted in</p>

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		changes to the plan.
<p>C.1.17. The person-centered planning process includes an identification and prioritization of risks.</p>		<p>The review team will review the person-centered planning documentation in the case record to see if there is evidence that the person-centered planning process included an identification and prioritization of any risks to the individual.</p>
<p>C.1.18. Individuals are provided an opportunity to develop a crisis plan.</p>		<p>The review team will look at administrative policies to ensure that the PIHP has a policy and process for ensuring that crisis planning is made available to persons. This includes ensuring that individuals are provided information about crisis planning and given the necessary supports to develop one if they desire.</p> <p>Evidence of compliance could be documentation that crisis planning was offered and made available, or the presence of a crisis planning document in the clinical record. Evidence of compliance could also be assessed by DCH site reviewers through consumer interview and documentation of staff training relative to the implementation of crisis planning.</p>
<p>C.1.19. Individuals are provided the opportunity and support to develop a psychiatric advanced directive.</p>		<p>The site review team will review administrative policies and procedures to see if the agency has processes to:</p> <ol style="list-style-type: none"> 1. Inform individuals about psychiatric advanced directives 2. Ask individuals if they would like to develop a psychiatric advanced directive 3. Provide individuals with any assistance and support needed to develop a psychiatric advanced directive <p>Evidence of compliance would include:</p> <ul style="list-style-type: none"> • Individuals were offered a training session or workshop on psychiatric advanced directives • A copy of the completed psychiatric advanced directive in the case record • Documentation in the case record which supports that the individual was provided the opportunity to develop a psychiatric advanced directive • Interviews with individuals who are receiving

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		<p>services that confirm that they were provided information and an opportunity to develop a psychiatric advanced directive</p> <p>There is no expectation that psychiatric advanced directives will be present in a certain percentage of the case records reviewed by the team. The site review team will keep in mind that completing a psychiatric advanced directive is not required and is something an individual chooses to do. However, if the review team finds that case records consistently document that individuals declined the opportunity to develop a psychiatric advanced directive, they will question how information about psychiatric advanced directives is presented to people, and assess whether the agency is providing the supports necessary for individuals to develop one. This is especially true for those service populations where there is a high likelihood that individuals could benefit from developing a psychiatric advanced directive, i.e. individuals who are receiving ACT or Clubhouse services.</p>
<p>C.2. PLAN OF SERVICE AND DOCUMENTATION REQUIREMENTS</p>		
<p>C.2.1. Preliminary plans of service are developed within 7 days of commencement of services.</p>		<p>The review team will look for evidence that a preliminary plan of service is developed within 7 days of commencement of services. Sources of evidence could include:</p> <ul style="list-style-type: none"> • A preliminary plan of service • An initial assessment • Administrative policies/records • Progress notes
<p>C.2.2. The individual plan of service for individuals receiving crisis residential services must be developed within 48 hours of admission.</p>	<p>Services must be delivered according to individual plan of service based on an assessment of immediate needs of an individual.</p> <p>Since the program is short term, the plan is required to be completed within 48 hours of admission and signed by the beneficiary if</p>	<p>The review team will review the date when the initial plan of service was completed by the crisis residential staff to ensure that it was completed within 48 hours of admission to the crisis residential program.</p>

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	possible.	
C.2.3. The file for individuals receiving personal care services contains an assessment of their need for personal care.		The review team will review the case record to ensure that individuals who are receiving personal care services have received an assessment of their need for personal care services.
C.2.4. The individual plan of service for individuals receiving Intensive crisis stabilization services treatment plan must be developed within 48 hours.	Intensive Crisis Stabilization Services may be provided initially to alleviate an immediate or serious psychiatric crisis. However, following the resolution of the immediate situation (and within no more than 48 hours) an intensive crisis stabilization services treatment plan must be developed.	<p>The review team will look for evidence to support that the mobile crisis team provided services to stabilize the individual’s crisis situation, i.e., referral notes, progress notes and admission notes.</p> <p>The record must reflect that the initial plan of service is completed within 48 hours.</p>
C.2.5. Specific services and supports to be provided, including the amount, scope, and duration of services, are identified in the plan of service.		<p>The review team will look for evidence that the plan documents date(s) services or supports are to begin and specifies the scope and duration, intensity, frequency of face-to-face monitoring contacts and who will provide each authorized service or support. Documentation should support that the use of alternative services were discussed.</p> <p>The site review team will review PIHP policy, assessments, the individual plan of service and ACT team member’s progress notes to assure that ACT services and interventions meet the individual’s needs and are designed to promote the individual’s independence. Contacts should be of a sufficient frequency and quantity to ensure that the individual’s needs are being met.</p> <p><u>Personal Care Services</u></p> <p>The site review team will examine clinical records to verify the presence of current plans that describe the individual’s need for personal care services.</p> <p>Clinical record reviews will be conducted to determine if the individual plan of service addresses the personal care services to be provided and identifies the amount, scope and duration of personal care services.</p>

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		<p><u>Intensive Crisis Stabilization Services</u></p> <p>The review team will review the individual plan of service to ensure that the plan identifies the services and activities designed to resolve the crisis and attain the individual’s goals. Goals and objectives should be derived from the statement of immediate need.</p> <p>For individuals who have mental illness and a co-occurring substance disorder the plan of service should address substance issues when they are a contributing factor in the crisis.</p> <p><u>Crisis Residential Services</u></p> <p>The review team will review the individual plan of service to ensure that the plan identifies the services and activities designed to resolve the crisis and attain the individual’s goals. Goals and objectives should be derived from the statement of immediate need.</p> <p>For individuals who have mental illness and a co-occurring substance disorder the plan of service should address substance issues when they are a contributing factor in the crisis.</p>
<p>C.2.6. <u>Presence in Family-Centered Plan:</u></p> <p>Services provided by home based service assistants must be clearly identified in the family-centered plan of service.</p>	<p>Refer to the Medicaid Provider Manual 7.1. Scope of Service.</p>	<p>The site review team will review the clinical record to verify that the goals and objectives of the family-centered plan specify the interventions and implementation strategies of the home-based assistant.</p>
<p>C.2.7. The plan of service identifies available conflict resolution processes.</p>	<p>Conflict resolution mechanisms include all formal and informal mechanisms the PIHP has in place to assist the individuals with resolving any issues they have with the planning process, service providers and service delivery.</p>	<p>The review team will look for evidence that the plan documents the multiple avenues (including formal and informal mechanisms) that can be utilized for problem solving assistance, i.e., case manager, customer services, recipient rights, if dissatisfaction or concerns arise regarding services or service provision. Evidence of compliance will be obtained from:</p> <ul style="list-style-type: none"> • Consumer interviews

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		<ul style="list-style-type: none"> • Fair hearing notices that identify where individuals can obtain informal problem solving assistance, as well as the formal appeal mechanisms • Information on recipient rights, i.e. brochures
C.2.8. Individuals are provided timely Adequate Notice consistent with DCH format.		The review team will look at the adequate notice form to ensure that notice was given concurrent with plan development and that a copy of the adequate notice is in the clinical record. Valid adequate notice can not be provided at pre-planning because the plan of service has not been developed.
C.2.9. The individual plan of service for individuals enrolled in the HSW is updated within 365 days of their last individual plan of service.		The review team will examine the individual plan of service to ensure that it is not more than 365 days old.
C.2.10. The plan of service identifies the frequency that it will formally be reviewed for effectiveness and reviews of the plan are completed at those intervals.	Service is updated based on the needs of the child and family, and the frequency of review is identified in the plan. Since children develop at a much faster rate than adults, more frequent review of the plan may be warranted if requested by the child and family, or in some instances, as required by certain programs, e.g., Early On, Children’s Waiver, wraparound. These reviews can be documented in progress notes, or as otherwise required by the program.	Adjustments of services could be documented in progress notes and new services should be noted. The review team will look for evidence that the reviews of effectiveness of the plan of service are completed at the intervals identified in the plan. Evidentiary sources would include: <ul style="list-style-type: none"> • The individual plan of service • Addendums to the plan of service • Reviews of the individual plan of service
C.2.11. The services and supports identified in the individual plan of service address the individual’s identified needs.		The review team will review any information in the individual’s file from pre-planning documentation, assessments, and any other means utilized to identify the individual’s needs. That information will be used to evaluate whether the individual plan of service identifies services and supports to address those needs.
C.2.12. The plan of service for individuals receiving crisis residential services is signed by the individual receiving services, his or her parent or guardian if applicable, the psychiatrist and any other professionals involved in treatment planning.		The review team will review the plan of service and look for signatures of the consumer/guardian, psychiatrist and the treatment team.

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<p>C.2.13. Individuals are provided a copy of their individual plan of service within thirty business days after the planning meeting.</p>		<p>The review team will look for evidence that the consumer was provided a copy of their plan within thirty business days after the planning meeting.</p> <p>This helps ensure that individuals can follow-up on goals and objectives and that they know whom to contact as supports for each goal area. Evidence of compliance may be found in:</p> <ul style="list-style-type: none"> • Administrative policies/records • Administrative staff interviews • Individual record reviews • Clinical Staff Interviews • Consumer/Family interviews
<p>C.2.14. Reviews of the effectiveness of the individual plan of service are completed at the intervals identified in the plan and include a review of the individual's satisfaction with services and/or treatment and a review of progress made towards achieving desired outcomes.</p>		<p>The review team will look for evidence that reviews of the plan of service are occurring at the frequency established in the individual plan of service. Evidence of compliance would be found in the periodic reviews. The expectation is that the plan of service would be modified when the services, supports or treatment provided did not assist the individual toward achieving their desired outcomes.</p>
<p>C.2.15. Services and treatment identified in the individual plan of service are provided as specified in the plan.</p>		<p>The review team will look for evidence that services and treatment are being provided in accordance with the developed plan of service. Are services occurring at the amount, scope, and duration specified in the individual plan of service? Evidence may be found in:</p> <ul style="list-style-type: none"> • Progress Notes • Periodic reviews • Interviews with consumers/family members <p><u>Personal Care Services</u></p> <p>The plan must be reviewed and approved at least once per year during person-centered planning for individuals who are receiving personal care services. The site review team will examine clinical records for compliance with the</p>

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		<p>requirement of yearly review and approval.</p> <p>Documentation in the individual plan of service must identify the frequency of periodic review of the plan (minimally once a year). Periodic reviews must be occurring at the identified frequency. At a minimum, the plan of service must be approved by a qualified person once a year.</p> <p>The site review team will compare the services provided with the individual plan of service to determine if documentation of the delivery of personal care services is consistent with how the individual plan of service specifies those services. This includes the specific days on which personal care services were delivered.</p> <p>Documentation (i.e., progress notes, service log) of the specific days that personal care services were delivered must be maintained for review and demonstrate consistency with the individual plan of service.</p>
<p>C.2.16. The individual plan of service is modified in response to changes in the individual’s needs.</p>		<p>The review team will look for evidence that the individual plan of service is modified to address changes in the individual’s needs.</p>
<p>C.3. IMPLEMENTATION OF ARRANGEMENTS THAT SUPPORT SELF-DETERMINATION</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment 3.4.4 Self-Determination Practice Guideline (SD P&PG).</p> <p>Attachment _____ Choice Voucher System Technical Advisory</p> <p>Medicaid Provider Manual, Provider Assurances & Provider Requirements</p> <p>Attachment 4.7.1 Grievances and Appeals Technical Requirement.</p>		

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<p>MDCH Administrative Hearings Policy and Procedures dated 9/1/99.</p> <p>Technical Requirements in 42CFR on Grievance and Appeals.</p>		
<p>C.3.1. Adults with developmental disabilities and serious mental illness have opportunities to pursue arrangements that support self-determination in order to control and direct their specialty mental health services and support arrangements.</p> <p>SD P&PG, Purpose § I, Policy § I.</p>		<p>The site review team will verify that the PIHP has a policy or practice guideline that delineates how arrangements that support self-determination will be implemented consistent with the Self-Determination Policy and Practice Guideline.</p>
<p>C.3.2. Individuals receive information about self-determination and the manner in which it may be accessed and applied is provided to each consumer.</p> <p>SD P&PG, Policy § I.C.</p>		<p>The site review team will review the Self-Determination brochures and relevant pages of the Customer Services Handbook.</p> <p>During interviews with consumers and family members, individuals will be asked how they were informed about self-determination.</p> <ul style="list-style-type: none"> • Were individuals given informational brochures or informed of arrangements that support self-determination in other ways? <ul style="list-style-type: none"> - Do they understand the opportunities and benefits? - Do they understand their rights and responsibilities? - Do they understand the potential liabilities?
<p>C.3.3. The individual budget and the arrangements that support self-determination are included as part of the person-centered planning process.</p> <p>SD P&PG, Policy § II.A</p>		<p>The documentation of the person-centered planning process includes an individual budget and implementation of arrangements that support self-determination for individuals using those mechanisms.</p>
<p>C.3.4. Each individual participating in arrangements that support self-determination has a Self-Determination Agreement that complies with the</p>		<p>The review team will look at the prototype Self-Determination Agreement (and a sample of actual agreements) to see if they include the following:</p>

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<p>requirements.</p> <p>SD P&PG, Policy § II.E</p>		<ul style="list-style-type: none"> • Authority over their direction of the mental health funds in the individual budget are delegated to the Individual to be used consistent with statutory and regulatory requirements. • The limitations associated with this delegation are delineated. • The responsibility and the authority of both the Individual and the PIHP in the application of the individual budget. • How communication will occur about use of individual budget. • The directions and assistance necessary for the individual to properly apply the individual budget. • The framework for when a consumer makes adjustments in the application of funds in an individual budget. • A copy of the individual’s plan and individual budget is attached to the Self-Determination Agreement.
<p>C.3.5. Each PIHP has a contract with at least one fiscal intermediary.</p> <p>SD P&PG, Policy § IV.B</p>		<p>The Fiscal Intermediary Agreement between the PIHP and the Fiscal Intermediary.</p>
<p>C.3.6. Each PIHP has procedures in place for assuring that fiscal intermediaries meet the minimum requirements.</p> <p>SD P&PG, Policy § IV.B, C, D &E;</p> <p>Medicaid Provider Manual, MH/SA, § 17.3.O.</p>		<p>PIHP procedures for selecting and monitoring fiscal intermediaries.</p>
<p>C.3.7. Individuals participating in self-determination shall have assistance to select, employ, and direct his/her support personnel, and to select and retain chosen qualified provider entities.</p> <p>SD P&PG, Policy § IV.</p>		<p>The site review team will review written materials and other evidence of support for directly hiring workers (training).</p> <p>During interviews with consumers and family members individuals will be asked if they were provided support for directly hiring their own workers.</p>

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<p>C.3.8. Each PIHP, or its designee, has a process for handling both voluntary and involuntary termination of a Self-Determination Agreements that meets the requirements of the Self-Determination Policy and Practice Guideline.</p> <p>SD P&PG, Policy § II.5.</p>		<p>PIHP processes for handling both voluntary and involuntary termination of a Self-Determination Agreement ensure that:</p> <ul style="list-style-type: none"> • Notices of involuntary terminations are in writing and an opportunity for problem resolution is provided (typically through the person-centered planning process). • Continuity of service is ensured in both voluntary and involuntary terminations. • In any instance of PIHP discontinuation or alteration, the individual must be provided an explanation of applicable appeal, grievance and dispute resolution processes and (where required) appropriate notice.
<p>C.3.9. Within prudent purchaser constraints, an individual is able to access any willing and qualified provider.</p> <p>SD P&PG, Policy § III.A.</p>		<p>During interviews with consumers and family members, individuals will be asked how they were informed that they could choose any willing and qualified provider.</p>
<p>D. ADMINISTRATIVE SERVICE FUNCTIONS</p> <p>1. PROVIDER NETWORKS</p> <p>(Medicaid Managed Specialty Supports and Services contract, Section 6.4; AFP Section 3.8, 4.0)</p>	<p>The PIHP is responsible for maintaining and continually evaluating an effective provider network adequate to fulfill the obligations of the MDCH contract.</p> <p>Regulatory management is a pro-active, preventive approach to identifying, monitoring, and controlling risks associated with complex duties, obligations, rules, regulations and requirements (inclusive of applicable federal and state laws, guidelines).</p> <p>It is the expectation that the PIHP have effective provider monitoring activities to assure provider compliance with applicable requirements.</p>	
<p>D.1.1. The PIHP has adopted common policies and procedures for managing networks, including policies and procedures for use throughout the</p>	<p>The PIHP must have established uniform processes and practices for ensuring regulatory compliance.</p>	<p>The review team will seek evidence of a PIHP process for continual re-evaluation of their provider network.</p> <p>The site review team will review PIHP provider contracts to</p>

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<p>service area.</p> <p>Medicaid Managed Specialty Supports and Services contract, Section 6.4;</p> <p>AFP Sections 3.8, 4.0</p> <p>42 CFR 438.214.</p>		<p>ensure that the contracts:</p> <ul style="list-style-type: none"> • Specify in measurable terms, the obligations of the parties • Identify the term of the contract • Mandate the adoption of common policies, procedures, and forms for managing their provider network • Ensure that any affiliate CMHSP has been certified by the Department • Require individual practitioners and organizational providers to be credentialed according to the Department’s Credentialing Process • Address timely access to services • Address that its providers are available 24/7 when the services are of a type that require 24 hour availability • Address grievance and complaint mechanism and appeal systems to resolve disputes <p>The review team will review the PIHP’s continuous quality improvement to ensure that it addresses quality assessment and improvement of the provider network.</p> <p>The review team will look to see that the PIHP has regular means of communicating and providing information on changes in policies and procedures to its providers (i.e., answering written correspondence, offering provider-dedicated phone lines, and a regular provider newsletter).</p> <p>During reviews of clinical records, the review team will look for evidence that providers/affiliates consistently comply with PIHP requirements, including:</p> <ul style="list-style-type: none"> • The process for Out-of-Network coverage. If the PIHP is unable to provide necessary medical services covered under the contract to a particular beneficiary the PIHP must adequately and timely cover these services of network for the beneficiary, for as long as the entity is unable to provide them

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		<p>within the network.</p> <ul style="list-style-type: none"> • The process to assure providers compliance with the requirement associated with limited English proficiency, cultural competence, and accommodation of physical and communication limitations. • The process for making oral interpretation services available free of charge to each potential beneficiary. This applies to all non-English languages not just those that the State identifies as prevalent. • The process for notifying beneficiaries on how to access oral interpretation services. <p>The review team will also look for evidence of how the PIHP has included primary and secondary consumers in the provider monitoring/management process. Sources of information could include:</p> <ul style="list-style-type: none"> • Administrative Policies and Procedures • Provider monitoring activities • Administrative oversight activities of provider monitoring activities
<p>D.1.2. The PIHP has policy and business procedures to assure regular monitoring and reporting on each network provider.</p> <p>42 CFR 438.230(b)(4)</p> <p>42 CFR 438.810</p> <p>Medicaid Managed Specialty Supports and Services contract, Section 6.4;</p> <p>AFP Sections 2.5, 3.8, 3.1.8</p>		<p>The site review team will verify that there is a single point of responsibility within the PIHP for:</p> <ul style="list-style-type: none"> • Overseeing contract development and execution. • Ongoing contract and network management. <p>The site review team will seek evidence to support that the PIHP assures that the provider network:</p> <ul style="list-style-type: none"> • Responds to cultural, racial, and linguistic needs (i.e., interpretation services). • Services are accessible, (travel time, availability of public transportation)
<p>D.1.3. The PIHP has documentation that supports that on-site reviews of each provider are completed annually or more often if needed.</p> <p>Medicaid Managed Specialty Supports and Services</p>		<p>The review team will look for evidence that formal provider monitoring is taking place on at least an annual basis, and that the PIHP takes the necessary action to ensure that identified problems with a given provider are corrected in a timely manner.</p>

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<p>contract, Section 6.4;</p> <p>AFP Section 3.8, Regulatory Oversight and Management</p>		<p>Evidence of monitoring could include:</p> <ul style="list-style-type: none"> • Performance monitoring schedules • Performance monitoring reports • Corrective action plans submitted by contractual providers in response to PIHP monitoring activities • PIHP review of contractual provider's accreditation reports and corrective action plans • Quality activities • Meeting minutes • Documentation of actions taken to improve contractual provider's compliance with operational standards and requirements • Any history of sanctions imposed by the PIHP on its provider network for failure to meet operational requirements
<p>D.1.4. Provider performance reports are available for review by individuals, families, advocates, and the public.</p> <p>Attachment P6.8.2.3 Consumerism Practice Guideline</p>		<p>The site review team will verify that the PIHP has:</p> <ul style="list-style-type: none"> • A process to provide people with access to performance monitoring reports • Evidence of the implementation of the process to provide information to individuals, families, advocates and the public <p>Sources of this information could include:</p> <ul style="list-style-type: none"> • Administrative policies and procedures • PIHP newsletters • PIHP annual reports • Interviews with individuals and stakeholder groups
<p>D.1.5. The PIHP has a process for assuring subcontractors' implementation of and compliance with person-centered planning requirements.</p>		<p>The review team will look for evidence that the PIHP's provider monitoring activities include assessing provider compliance with all person-centered planning requirements.</p> <p>Is there documentation that supports that the PIHP is conducting effective provider monitoring reviews?</p> <p>Evidence of compliance:</p> <ul style="list-style-type: none"> • Documentation shows follow-up on issues addressed

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		<p>during quality management internal site reviews at provider agencies</p> <ul style="list-style-type: none"> • Contract providers implement actions to correct identified deficiencies.
<p>D.1.6. The PIHP takes action to address provider compliance or performance problems.</p> <p>42 CFR 438.230(b)(4) corrective action</p> <p>42 CFR 438.240(a)(1) on-going quality</p> <p>Medicaid Managed Specialty Supports and Services contract, Section 6.4;</p> <p>AFP Section 3.8</p>	<p>The PIHP must have a process to address provider compliance or performance problems. The agreement should contain evidence to support effective application of remedies for non-compliance or performance problems inclusive of sanctions.</p>	<p>The site review team will evaluate evidence that may be included in:</p> <ul style="list-style-type: none"> • Policies and procedures • Contracts • Agreements • Any sanctions imposed on providers <p>The review team will look for evidence that the PIHP takes the necessary action to ensure that identified problems with a given provider are corrected in a timely manner.</p>
<p>D. ADMINISTRATIVE FUNCTIONS</p> <p>2. QUALITY IMPROVEMENT</p> <p>(Medicaid Managed Specialty Supports and Services contract, Section 6.7; AFP Section 3.9; Medicaid Provider Manual, Mental Health/Substance Abuse, Section 3.3)</p>		
<p>D.2.1. The PIHP has a process for ensuring that sentinel events are properly reviewed and followed up.</p> <p>(MA contract, Amendment # 3, P6.5.1.1, Final 10-1-05 amendment)</p>		<p>The review team will look for evidence that the PIHP has fully developed and implemented policies addressing consumer deaths and sentinel events. Sources of information will include:</p> <ul style="list-style-type: none"> • Administrative policies • Administrative staff interview • Clinical staff interview • Sentinel event data and the root cause analysis process.
<p>D.2.2. The PIHP has a process for ensuring that non-sentinel event deaths are properly reported and followed up.</p>		

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<p>D. ADMINISTRATIVE FUNCTIONS</p> <p>3. HEALTH & SAFETY</p> <p>(Medicaid Managed Specialty Services and Supports Contract, Attachment P 3.4.1.1; 4c CFR 438.208)</p> <p>Administrative rule Section 3(9) of Act 218 P.A. 1979, as amended</p>	<p>It is essential that the PIHP has clearly defined processes to address consumer health and safety. The health of all consumers should be reviewed periodically. The intent is to assist consumers in screening for health and safety issues that need further assessment, treatment and or accommodation.</p> <p>The information obtained may also help in providing continuity of care; assisting the consumer in maintaining the highest level of physical health possible; insuring the consumer’s safety and well being; and coordination of medical services.</p>	
<p>D.3.1. The PIHP has organizational processes for addressing health and safety issues.</p> <p>Administrative Rule R 330.2802</p> <p>Person-centered Planning Best Practice Guideline Attachment 3.4.1.1. to the MDCH Contract</p> <p>AFP Section 2.7</p>	<p>In order to coordinate the appropriate delivery of health care services to enrollees who are eligible for Medicaid, clarity regarding the respective agency responsibilities is necessary. Referral procedures and effective means of communication must be developed and implemented within the PIHP and with the enrollees’ healthcare providers.</p> <p>Consumer safety should be assessed and identified across multiple domains (home, workplace, school, community) in order to determine if there is a need for a recommendation or referral. All recommendations should be documented as part of the planning process.</p> <p>Simply asking the individual “do you feel safe” and getting a response of “yes” is not enough. The intent is to assist clients in screening for safety that may need further assessment and/or treatment.</p> <p>The agency may develop a screening tool to help the individual identify areas of concern. For</p>	<p>The site review team will examine the PIHP’s organizational process for identifying and addressing health care issues. Sources of information and evidence of compliance may be found in:</p> <ul style="list-style-type: none"> • PIHP administrative policies and procedures • Clinical records • Health & nutritional screens • Consumer interviews • Staff/administrative interviews • Staff training records • Quality activities • Prevention programs • Site review staff observations during program reviews <p>Findings for this site review dimension should relate to the PIHP’s organizational processes for ensuring that health and safety needs are identified and addressed, while system level findings related to the failure to identify and subsequently address an individual’s health and safety needs would be noted in the person-centered planning section of the site review protocols.</p>

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	<p>example, a child may ride his bike in the street. Parents may not see this as a concern. However, each year, more than 500,000 people in the US are treated in emergency department, and more than 700 people die as a result of bicycle-related injuries. The PIHP could recommend the use of helmets & pads, reduce nighttime biking, wear reflective clothing,</p> <p>This process of identifying safety issues should be ongoing and identified concerns should be addressed during the planning process. Concerns identified after planning may be included in progress notes and/or addressed in an addendum to the individual plan of service or status review.</p> <p>The intent is that procedures are developed and implemented for the timely reporting and resolution of issues that may pose a treat to life, health or property. The reporting of injuries need to be documented on an incident report form. The incident report should be reviewed and recommendations/actions to prevent the same incident from reoccurring should be identified and implemented.</p>	
<p>D.3.2. Organizational process for monitoring medications.</p> <p>R 330.1719</p> <p>R 330.2813</p> <p>R 330.7158</p>	<p>Medications are frequently used in the treatment of mental and emotional illnesses. To maintain safe use of psychotropic medications the agency should have uniform guidelines and policies and procedures for consumer psychotropic medications, i.e., policy for monitoring laboratory values of individuals receiving chemotherapy. It would be expected that baseline laboratory testing would be preformed on clients prior to initiating chemotherapy and periodically thereafter. All test results should be reviewed and initialed by a medical health care</p>	<p>The site review team will examine/conduct the following sources for evidence of compliance:</p> <ul style="list-style-type: none"> • Written policies and procedures for example, laboratory studies, AIMS, storage, preparation, dispensation and administration consent forms, prescriptions, verbal orders, controlled substances, and medication errors • Clinical records • Medication consents • Medication reviews • Health screenings (reviewed by a medical health

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	<p>professional (i.e., MD, RN, PA). A copy of the test(s) should be maintained in the client’s record).</p> <p>For individuals receiving certain psychotropic medications the psychiatrist should evaluate the consumer to assess for Tardive Dyskinesia utilizing a scale such as AIMS. Results of the assessment should be documented in the clinical record using the AIMS form and/or in clinical medication review notes.</p> <p>Informed medication consents must be obtained prior to medication administration and be counter signed by a medical health care professional to indicate medication education and information regarding desired outcomes, the use, side effects, precautions, storage, etc., were appropriately provided by a healthcare professional to the individual and/or their guardian.</p> <p>Note: Consents must be appropriately signed, witnessed and dated. An informed consent must contain three elements: competency, knowledge, and given voluntarily. There should be an instruction that an individual is free to withdraw their consent, verbally or in writing, and discontinue the medication at any time without prejudice to the consumer</p>	<p>care professional when appropriate)</p> <ul style="list-style-type: none"> • Consumer interviews • Staff/administrative interviews • Staff training records (i.e., 5 R’s) • Evaluations of staff competence • Quality activities • Review team member observations during program site visits • Coordination of care with the primary care physician, i.e., medication reviews
<p>D. ADMINISTRATIVE FUNCTIONS</p> <p>4. ACCESS STANDARDS</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P 3.3.1.1</p>		
<p>D.4.1. The Organization’s Access System is available to all Michigan residents and is not restricted to individuals who live in a particular</p>	<p>The standards apply to all PIHPs and CMHSPs whether the Access System functions are directly provided by the PIHP or CMHSP, or are</p>	<p>The site review team will examine the following sources for evidence of compliance:</p> <ul style="list-style-type: none"> • The Access System’s operating policies and

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<p>geographic region.</p> <p>Contract, Attachment P 3.3.1.1, Standard I.a.</p>	<p>delegated in whole or in part to a subcontract provider. Access System services must be available to all State of Michigan residents.</p>	<p>processes clearly specify that all Michigan residents are assisted when they contact the Access System for assistance.</p> <ul style="list-style-type: none"> • Access System documentation demonstrates that they comply with operating policies to assist all residents of Michigan without regard to where they live within the State. • Access System staff training curriculum clearly trains Access System staff members on their responsibility to assist all Michigan residents.
<p>D.4.2. Access System Services staff members are welcoming, accepting, and helping with all applicants for services, including individuals with co-occurring mental health and substance use disorders.</p> <p>Contract, Attachment P 3.3.1.1, Standard I.a.</p>		<ul style="list-style-type: none"> • Access System documentation demonstrates that they have effectively welcomed, accepted, and helped service applicants. • Interviews with individuals who have had contact with Access System staff members confirm that those staff members have demonstrated a welcoming attitude and have helped applicants with their service requests.
<p>D.4.3. Access centers/units in the service area routinely screen and assess for co-occurring disorders.</p> <p>(AFP 3.8.4.)</p>	<p>Access centers and units must screen and/or assess individuals for co-occurring disorders because of the high likelihood that individuals have both a mental illness and substance use disorder. Identifying the presence of a co-occurring disorder earlier and providing treatment can facilitate recovery.</p>	<p>The review team will look for documentation that supports that the PIHP’s screening and/or access centers routinely screen and assess for co-occurring disorders.</p> <p>Supporting evidence could include:</p> <ul style="list-style-type: none"> • Identified process, including appropriate tools, to screen for the presence and types of substance disorders. • Assessment processes that demonstrate a high expectation that a co-occurring condition may be present and clearly identifies and describes the beneficiaries strengths, goals, objectives, substance use, abuse and dependence disorder, periods of abstinence, etc • Assessment and screening decision trees that demonstrate that the presence of co-occurring disorders is routinely screened and assessed. • PIHP administrative policies and processes demonstrate their efforts at providing integrated co-occurring mental health and substance abuse

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		<p>treatment across their service delivery system</p> <ul style="list-style-type: none"> • Any documentation that demonstrates that individuals with a co-occurring mental health and substance use disorder are connected to integrated substance abuse and mental health services. <p>The site review team will remain sensitive to the fact that PIHPs are in different stages of implementing co-occurring mental health and substance disorders screening and treatment services and that the Department has allowed the CAs until October 2009 to implement integrated treatment.</p>
<p>D.4.4. The PIHP has formal procedures in place to assure that individuals with a co-occurring mental health and substance use disorder are not inappropriately denied access during screening or initial assessment.</p> <p>(AFP 3.1.3.)</p>		<p>Evidence of compliance would include:</p> <ul style="list-style-type: none"> • Demonstration that the PIHP does not have any formal or informal policies or procedures that restrict access to people who are actively using alcohol or other drugs. <p>Sources of information would include:</p> <ul style="list-style-type: none"> • PIHP’s access procedure • anecdotal information from individuals receiving substance abuse treatment about denials of eligibility for mental health treatment.
<p>D.4.5. The Access System is available 24 hours a day, seven days per week.</p> <p>Contract, Attachment P 3.3.1.1, Standard I.b.</p>	<p>Available also includes ensuring access for hearing impaired individuals and those with Limited English Proficiency.</p>	<ul style="list-style-type: none"> • Customer Services Handbooks confirm 24 hour/7 day a week availability of Access System assistance. • Access System records demonstrate 24/7 availability, including in-person and by telephone access for hearing impaired individuals.
<p>D.4.6. The Access System’s telephone response system is answered by a live voice and demonstrates a welcoming atmosphere.</p> <p>Contract, Attachment P 3.3.1.1, Standard I.b.i.</p>	<p>Access System callers do not experience a “telephone tree” and are not put on hold or sent to a voice mail system until they have spoken with a live representative from the Access System.</p>	<ul style="list-style-type: none"> • The Access System’s process for fielding telephone inquiries does not include routing callers through an electronic telephone tree system. • Interviews with individuals who have had contact with the Access System confirm that their call was answered by a live human being, and that they had adequate opportunity to express their situation and circumstances before a decision regarding the exigency of their situation was made by an Access System staff member. • The DCH site review team will also assess

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		compliance with this access standard by calling the access center one week prior to or one week after an on-site review to see if a live voice answers
<p>D.4.7. Access System crisis/emergent telephone calls are immediately transferred to a qualified practitioner without requiring an individual to call back.</p> <p>Contract, Attachment P 3.3.1.1, Standard I.b.ii.</p>		
<p>D.4.8. Responses to non-emergent calls are completed in a timely manner.</p> <p>Contract, Attachment P 3.3.1.1, Standard I.b.iii-iv.</p>		<ul style="list-style-type: none"> • Access System records demonstrate that individuals with non-emergent calls are not kept on hold more than three minutes without being offered a call back and that any subsequent call back occurs within one business day of the initial contact. • Interviews with consumers who have had contact with the Access system confirm that their non-emergent requests have been responded to consistent with applicable time frames.
<p>D.4.9. Individuals who walk in to an Access System are provided a timely and effective response to their requests for assistance.</p> <p>Contract, Attachment P 3.3.1.1, Standard I.c.</p>		<ul style="list-style-type: none"> • Access System documentation demonstrates that individuals who walk in with urgent or emergent needs experience immediate initiation of interventions. • Access System documentation demonstrates that individuals are screened within 30 minutes.
<p>D.4.10. The Access System has the capacity to accommodate individuals who have special access needs.</p> <p>Contract, Attachment P 3.3.1.1, Standard I.d.</p>		<p>Access System records demonstrate they can meet the needs of individuals who present with:</p> <ul style="list-style-type: none"> ○ LEP or other linguistic needs ○ Diverse cultural and demographic backgrounds ○ Visual impairments ○ Alternative needs for communication ○ Mobility challenges
<p>D.4.11. Access system services do not require prior authorization and are to be provided without charge to the individual being served.</p>		<p>Access System records show:</p> <ul style="list-style-type: none"> ○ Individuals are assisted without requiring pre-authorization or financial contribution from the individual being served.

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Contract, Attachment P 3.3.1.1, Standard I.e.		<ul style="list-style-type: none"> ○ Financial considerations, including County of Financial Responsibility, are only addressed as a secondary administrative concern after the person's urgent or emergent needs are addressed.
<p>D.4.12. Access System staff members provide applicants with a summary of their recipient rights, including their rights to a person-centered planning process and timely access to the pre-planning process.</p> <p>Contract, Attachment P 3.3.1.1, Standard I.f.</p>	<p>Individuals must be fully informed about person-centered planning processes, including their rights, in order for them to be aware of the choices they are able to make throughout the planning and services delivery process.</p> <p>The parent of a minor child should be notified of appeal rights.</p>	<ul style="list-style-type: none"> ● Access System operational policies and procedures require distribution of a summary of their person-centered planning and recipient rights. ● Interviews with individuals who have had contact with the Access System confirm that they were: <ul style="list-style-type: none"> ○ Provided summaries of their recipient rights. ○ Given access to the pre-planning process as soon as the screening and coverage determination processes were completed. <p>The review team will review person-centered planning brochures and how they are distributed to individuals.</p> <p>During interviews with consumers and family members individuals will be asked how they were informed about person-centered planning processes.</p> <ul style="list-style-type: none"> ● Were individuals given informational brochures or informed of person-centered planning in other ways? ● Do people confirm that they were able to invite whom they wanted to attend the meeting? ● Do people understand that they can request that a person-centered planning meeting be convened whenever they want, and that they are not restricted to a once a year event? ● Do they understand that they have the right to independent facilitation?
D.4.13. The PIHP provides notice of rights to a second opinion in the case of denials.		<p>The site review team will review consumer pre-screening records to verify documentation that the PIHP provides notice of rights to a second opinion in the case of denials.</p> <p>The site review team will be looking for documentation that</p>

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		<p>supports that the individual was given notice of their rights to a second opinion when they were denied requested inpatient admission. If a denial is done over the telephone, the review team will be looking for documentation that shows the individual was mailed a copy of their right to second opinion. The review team's default assumption will be that inpatient pre-admission screening activity is being completed in response to a request for inpatient psychiatric admission, unless documentation supports that the individual was being assessed for another reason.</p>
<p>D.4.14. The PIHP provides or refers and links individuals who are denied inpatient psychiatric hospitalization services to alternative services.</p>		<p>The site review team will review consumer pre-screening records to assure that the PIHP provides or refers and links to alternative services, when individuals have been assessed as not meeting the criteria for inpatient psychiatric hospitalization admission. The site review team will verify that referral appointments include the date, time, program, service and contact person.</p> <p>General referrals by themselves are not sufficient. The site review team will be looking to see if linking is taking place according to the customer services standards in place for PIHPs.</p>
<p>D.4.15. The Access System shall inquire as to the existence of any established medical or psychiatric advanced directives relevant to the provision of services.</p> <p>Contract, Attachment P 3.3.1.1, Standard II.c.</p>		<ul style="list-style-type: none"> • Access System operational policies and procedures require Access System staff to ask consumers if they have any established medical or psychiatric advanced directives. • Interviews with individuals who have had contact with the Access System confirm that they were asked if they had an established medical or psychiatric advanced directive.
<p>D.4.16. Clinical Screening for eligibility results in a written (hard copy or electronic) screening decision which addresses each of the required elements.</p> <p>Contract, Attachment P 3.3.1.1, Standard III.e.</p>		<p>Written clinical screening includes:</p> <ul style="list-style-type: none"> ○ Identification of presenting problems and the need for services and supports. ○ Initial identification of the population group (DD, MI, SED, or SUD) that qualifies the person for public mental health and substance use disorders and supports.

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		<ul style="list-style-type: none"> ○ Legal eligibility and priority criteria. ○ Documentation of any emergent or urgent needs and how they were immediately linked for crisis service. ○ Identification of screening disposition. ○ Rationale for system admission or denial.
<p>D.4.17. The PIHP has a regular and consistent outreach effort to commonly unserved and underserved populations which ensures that outreach occurs regardless of the presence of a co-occurring disorder.</p> <p>Contract, Attachment P 3.3.1.1, Standard VIII.b.ii.</p>		<p>The PIHP maintains documentation of outreach efforts designed to reach the following populations:</p> <ul style="list-style-type: none"> ○ Children and Families ○ Older Adults ○ Homeless Persons ○ Members of ethnic, racial, linguistic and culturally-diverse groups ○ Persons with Dementia ○ Pregnant Women <p>Evidence of compliance could include:</p> <ul style="list-style-type: none"> ● Brochures, TV, radio and billboards that address outreach for individuals with co-occurring mental health and substance use disorders ● Documentation of outreach efforts to people in co-occurring high risk groups ● Documentation of outreach to programs and sites where individuals with co-occurring treatment needs gather together ● Documentation of outreach efforts to self-help groups such as DRA, Double Trouble, AA or NA
<p>D.4.18. The PIHP’s medical director is involved in the review and oversight of Access System policies and clinical practices.</p> <p>Contract, Attachment P 3.3.1.1, Standard VIII.c.i.</p>		<ul style="list-style-type: none"> ● Documentation which demonstrates that the PIHP medical director has reviewed Access System administrative policies and processes. ● Documentation which demonstrates that the PIHP’s medical director has reviewed and provides oversight to Access System clinical practices.
<p>D.4.19. The PIHP shall monitor Access Center performance and implement quality improvement</p>		<ul style="list-style-type: none"> ● Evidence which supports that the PIHP has monitored telephone answering rates, call abandonment rates, and timeliness of appointments

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<p>measures in response to performance issues.</p> <p>Contract, Attachment P 3.3.1.1, Standard VIII.c.iv.</p>		<p>and referrals.</p> <ul style="list-style-type: none"> Evidence that the PIHP has implemented quality improvement activities to improve Access System performance for any areas where Access System performance fall below required levels.
<p>D. ADMINISTRATIVE FUNCTIONS</p> <p>5. BEHAVIOR TREATMENT PLAN REVIEW COMMITTEES</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.-10/1/08</p>		
<p>D.5.1. The PIHP has a Committee to review and approve or disapprove any plans that propose to use restrictive or intrusive interventions.</p>		<p>If the PIHP delegates the functions of the Committee to a contracted mental health service provider, the PIHP must monitor that Committee to assure compliance with the Technical Requirement.</p>
<p>D.5.2. The composition of the Committee complies with the Technical Requirement.</p>		<p>The Committee must be comprised of at least three individuals. At least one of the Committee members is a licensed physician/psychiatrist. One of the Committee members must be a licensed psychologist with specified training and experience in applied behavior analysis.</p> <p>A representative of the Office of Recipient Rights shall participate on the Committee as an ex-officio, non-voting member. Other non-voting members may be added at the Committee's discretion, and with the consent of the individual whose behavior treatment plan is being reviewed, such as an advocate or Certified Peer Support specialist.</p>
<p>D.5.3. The Committee maintains meeting minutes that comply with the Technical Requirement.</p>		<p>Meeting minutes are maintained for all Committee meetings and the minutes clearly delineate the actions of the Committee. Meeting minutes must demonstrate that any Committee member who has prepared a behavior treatment plan which is to be reviewed by the Committee recuses themselves from final decision-making.</p>
<p>D.5.4. The Committee disapproves any behavior</p>		

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<p>treatment plan that proposes to use aversive techniques, physical management, or seclusion or restraint in a setting where it is prohibited by law or regulations.</p>		
<p>D.5.5. The Committee expeditiously reviews all behavior treatment plans proposing to use intrusive or restrictive techniques and approves or disapproves their use.</p>		<p>Plans that are forwarded to the Committee for review shall be accompanied by:</p> <ol style="list-style-type: none"> 1. Results of assessments performed to rule out relevant physical, medical and environmental causes of the problem behavior. 2. A functional assessment. 3. Results of inquiries about any medical, psychological or other factors that might put the individual subjected to intrusive or restrictive techniques at high risk of death, injury or trauma. 4. Evidence of the kinds of positive behavioral supports or interventions, including their amount, scope and duration that have been attempted to ameliorate the behavior and have proved to be unsuccessful. 5. Evidence of continued efforts to find other options. 6. Peer reviewed literature or practice guidelines that support the proposed restrictive or intrusive intervention. 7. References to the literature should be included, and where the intervention has limited or no support in the literature, why the plan is the best option available. 8. The plan for monitoring and staff training to assure consistent implementation and documentation of the intervention(s).
<p>D.5.6. The Committee effectively ensures that required behavior analysis and alternative methods have been pursued before approving any use of intrusive or restrictive techniques.</p>		<p>The Committee minutes should demonstrate that the Committee effectively determines whether:</p> <ol style="list-style-type: none"> 1. a causal analysis of the behavior has been performed. 2. positive behavior supports and interventions have been adequately pursued, and where these have not occurred, disapprove any proposed plan for utilizing

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		intrusive or restrictive techniques. 3. assure that inquiry has been made about any medical, psychological, or other factors that the individual has which might put him/her at high risk of death, injury or trauma if subjected to intrusive or restrictive techniques.
D.5.7. The Committee reviews the continuing need for any approved procedures at least quarterly.		For each approved plan, the committee must re-examine the continuing need for the approved procedures at least quarterly. Reviews can take place more frequently if the Committee desires. The Committee must also conduct a review in response to an individual's request for a review as part of the person-centered planning process. The more intrusive or restrictive the interventions, or the more frequently they are applied, the more often the behavior treatment plan should be reviewed by the Committee.
D.5.8. The Committee arranges for an evaluation of the Committee's effectiveness by stakeholders, including individuals who had approved plans, as well as family members and advocates.		
D.5.9. On a quarterly basis, the Committee tracks and analyzes the use of all physical management techniques for emergencies, and the use of intrusive and restrictive techniques by each individual receiving the intervention.		Analyzed data must include: <ol style="list-style-type: none"> 1. dates and numbers of interventions used 2. the settings where behaviors and interventions occurred 3. behaviors that initiated the techniques 4. documentation of the analysis performed to determine the cause of the behaviors that precipitated the intervention 5. attempts to use positive behavioral supports 6. behaviors that resulted in termination of the interventions 7. length of time of each intervention 8. staff development and training and supervisory guidance to reduce the use of these interventions.
D.5.10. Data on the use of intrusive and restrictive		

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<p>techniques is evaluated by the PIHP's Quality Assessment and Performance Improvement Program (QAPIP).</p>		
<p>D.5.11. Data on the use of physical management must be analyzed by the Committee and the QAPIP and reported to the Department on a quarterly basis.</p>		
<p>D.5.12. Injuries or deaths that occur from the use of a behavioral intervention are reported to the Department as a sentinel event.</p>		
<p>D.6. COORDINATION (Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work; 42 CFR 438.208)</p>	<p>Through the collaborative process, different abilities of health care providers are used to solve problems, communicate, and plan, implement and evaluate mental health services. There should be evidence of a collaborative effort to meet the service needs and fill in the gaps as well as provide a seamless transition of services as needed.</p>	
<p>D.6.1. The PIHP actively participates in Community Collaboratives and local community agency collaboration efforts.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work;</p> <p>42 CFR. 438.208</p> <p>AFP Section 2.9</p>	<p>Local coordination and collaboration agreements are required and agreements with these entities will make a wider range of essential supports and services available to the PIHP individuals.</p> <p>Multipurpose Collaborative Bodies agreements are required and will make a wider range of essential supports and services available to the PIHP individuals.</p>	<p>The site review team will evaluate the agreement and its implementation. Sources of information will include PIHP written coordination agreement. The presence of an agreement would be one piece of possible evidence as to whether active collaboration efforts were taking place.</p> <p>The site review team will evaluate the PIHP's involvement and participation in the Multi-purpose Collaborative Body. Sources of information could include:</p> <ul style="list-style-type: none"> • Multi-purpose Collaborative meeting minutes that verify PIHP attendance • Relevant correspondence between the PIHP and the Multi-purpose Collaborative Body that demonstrates effective PIHP participation
<p>D.6.2. The PIHP coordinates and collaborates with other required local human services agencies.</p>		<p>The site review team will look for written agreements to be in place between the PIHP and local health departments, Medicaid Health Plans (MHPs), local DHS offices, Substance Abuse Coordinating Agencies, community and</p>

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<p>Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work;</p> <p>MDCH/CMHSP Managed Mental Health Supports and Services Contract: Special Education--to-Community Transition Guideline.</p> <p>42 CFR 438.208</p> <p>AFP Sections 2.9, 6.9.6</p> <p>Mental Health Code 330.1227, Section 227</p> <p>Individual with Disabilities Education Act (IDEA).</p> <p>Vocational Education Act of 1984</p>		<p>migrant health centers, nursing homes, Area Agency and Commissions on Aging, Medicaid Waiver agents for the HCBW program, school systems, and Michigan Rehabilitation Services.</p> <p>The site review team will evaluate evidence that the PIHP:</p> <ul style="list-style-type: none"> • Is involved with schools early enough to develop a mutual relationship based on the principles of inclusion, self-determination and age appropriateness which underlie both IDEA and the Michigan Mental Health Code. • Ensures that transition planning begins no later than the school year in which the individual student reaches 16 years of age. The PIHP is responsible for participating in the development of school-to-community transition services for individuals with serious mental illness, serious emotional disturbance, or developmental disability. • The PIHP coordinates with schools. <p>Sources of information would include:</p> <ul style="list-style-type: none"> • Any documentation that shows participation in IEP meetings • Correspondence or other documentation that shows information sharing is occurring between the PIHP and school systems • A PIHP written agreement with the school systems that describes the coordination arrangements, identifies how disputes between the agencies will be resolved, and addresses school-to-community transition, and vocational education <p>The site review team will evaluate the PIHP's written agreement with Michigan Rehabilitation Services to see if the agreement:</p> <ul style="list-style-type: none"> • Describes the coordination arrangements agreed to • Identifies how disputes between the agencies will be

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		<p>resolved.</p> <p>The site review team will evaluate the PIHP's written agreement with the Michigan Department of Human Services to see if the agreement:</p> <ul style="list-style-type: none"> • Describes the coordination arrangements agreed to <p>Identifies how disputes between the agencies will be resolved.</p> <p>The site review team members will examine the PIHP's agreement and look for the presence of elements that facilitate a working relationship, such as:</p> <ul style="list-style-type: none"> • Joint efforts to address co-occurring disorders are ongoing • PIHP capacity to serve individuals with co-occurring disorders (a listing of service sites that have this capacity is available and is used by the mental health and substance abuse service systems). The review team will look for evidence of compliance. This evidence could include: • Documentation of meetings that have been convened with identified stakeholders, including SA Coordinating Agencies • Agreements and/or consensus documents, memorandums of understanding, between the PIHP and other identified stakeholders <p>The PIHP is responsible for coordination with substance abuse treatment providers when appropriate. The site review team will review diversion documentation of inpatient hospitalization discharge planning documentation to assure that coordination with substance abuse treatment providers is documented and occurs when appropriate.</p> <p>If the screening process identifies a substance disorder then the site review team will be looking at the documentation to ensure that an appropriate substance disorder referral was made. It is a clinical judgment by the PIHP screening staff</p>

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		<p>member as to whether a substance disorder exists, but if substance use was a contributing factor to the individual's need for inpatient screening, then there is an expectation that a substance disorder treatment referral or services will be provided upon diversion or discharge.</p>
<p>D.6.3. The PIHP has an organizational process that supports coordination and collaboration with Medicaid Health Plans and primary care physicians.</p> <p>42 CFR438.208</p> <p>Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work</p> <p>Medicaid Managed Specialty Services and Supports Contract, Part 6 – Quality Assessment and Performance</p> <p>AFP Section 2.9.8</p>	<p>The PIHP must have a documented policy and implement procedures to assure that coordination regarding mutual recipients is occurring between the PIHP and/or its provider network, and primary care physicians.</p> <p>The Medicaid Health Plan and the PIHP must develop procedures for notifying each other of prescriptions, consultation between practitioners before prescribing medication, and sharing complete and up-to-date medication records.</p>	<p>The site review team will review evidence of PIHP coordination with primary care providers. The policy shall minimally address all recipients of PIHP services for whom services or supports are expected to be provided for extended periods of time, including:</p> <ul style="list-style-type: none"> • Case management • Supports coordination • Habilitation Waiver • ACT • Children's waiver • Home based • Individuals receiving psychotropic medication <p>The site review team will review inpatient pre-admission screening records and other materials for documentation that the PIHP communicates with the primary care physician or health plan.</p> <p>The review team will look for documentation (i.e. release of information forms and evidence of communication between the PIHP and the primary care physician. The PIHP should maintain a copy of any such correspondence in the beneficiary's clinical record.</p>
<p>D.6.4. The PIHP communicates with the individual's primary care physician or health plan when psychiatric pre-admission screening activities are completed.</p>		
<p>D.6.5. The PIHP ensures that each individual's privacy is protected in accordance with HIPAA requirements.</p> <p>Medicaid Managed Specialty Services and Supports</p>		<p>The site review team will review documentation to ensure that:</p> <ul style="list-style-type: none"> • Staff training records consistently support that HIPAA training occurred as required

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<p>Contract, Part 2 - Statement of Work; 42 CFR 438.208 AFP Section 3.10.6, 3.10.8</p>		<ul style="list-style-type: none"> • Electronic documentation protects the individuals Protected Health Information <p>Sources of information include:</p> <ul style="list-style-type: none"> • Clinical record review • MDCH facility site reviews • Staff training records • Personnel records • Administrative policies and procedures • Electronic documentation
<p>E.1 STAFF QUALIFICATIONS, SUPERVISION & TRAINING REQUIREMENTS</p>		
<p>E.1.1. The PSR program has one full time on-site clubhouse manager who is a qualified professional and has extensive experience with the target population and is licensed, certified, or registered by the State of Michigan or a national organization to provide health care services.</p>	<p>Properly qualified and trained staff is essential to effective Clubhouse functioning. Training and experience enhance the employee’s ability to work with members to effectively operate the Clubhouse program.</p> <p>A fulltime manager is essential for successful Clubhouse operation and demonstrates the PIHP's commitment to PSR philosophy and the ongoing success of the program.</p>	<p>The review team will look at the personnel record of the identified director of the clubhouse program to ensure that the manager is full time and on-site. The manager must not have job responsibilities in addition to being the clubhouse manager. One individual cannot be the clubhouse manager for more than one clubhouse program and still meet the requirement.</p> <p>The team will look at the license, education, training and experience of the individual to assure that the manager is a qualified professional. The requirement that a manager has extensive experience will be considered met by the team if the manager has two or more years of experience working with the target population.</p>
<p>E.1.2. Non-degreed staff members who carry out treatment activities in crisis residential programs must have at least one year of satisfactory work experience providing services to beneficiaries with mental illness or have successfully completed a PIHP/MDCH approved training program for working with beneficiaries with mental illness.</p>	<p>Paraprofessional staff must be experienced and have received training necessary to ensure their competency on the job.</p>	<p>The review team will review personnel and training files to determine if experience requirement is met. The team will also review the training curriculum to ensure that it was approved by the Department, as well as review agency policy and procedure regarding supervision of non-professional staff.</p>
<p>E.1.3. Primary case manager must be a professional who possesses a bachelor's degree in human</p>	<p>Refer to the Medicaid Provider Manual Section</p>	<p>The site review team will review PIHP policy, personnel records and clinical records to assure that the primary case</p>

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services.	13.4. Staff Qualifications.	manger is a QMRP and/or a QMHP; or if the case manager only has a bachelor's degree but without specialized training or experience he/she is supervised by a QMRP or QMHP. In the latter case the site review team will look for counter signatures on documents prepared by untrained and/or inexperienced staff.
E.1.4. Professionals providing intensive crisis stabilization services must be a mental health care professional.		<p>A mental health professional includes a psychiatrist, psychologist, appropriately licensed social worker, a registered social worker technician under the supervision of a professional, professional counselor, psychiatric nurse, or registered nurse under the supervision of a professional (Refer to staff Provider Qualification in the program requirement).</p> <p>The site review team will review:</p> <ul style="list-style-type: none"> • staff personnel files to ensure current licensure/registration, and relevant experience • the PIHP policy and procedure re- supervision of staff.
E.1.5. Home-based staff members are child mental health professionals.	Refer to the Medicaid Provider Manual 1.7.	The site review team will verify by a review of the PIHP policy and procedure, staff personnel file and training record that staff members meet the child mental health professional criteria and associated training requirements (24 hours annually of child/family specific training) and who is either a physician, psychologist, licensed master social worker, registered nurse or has a bachelor or master's degree from an accredited school in a mental health related field and one year of experience in the examination, evaluation and treatment of minors and their families.
E.1.6. Home-based staff members for individuals with a developmental disability must be a QMRP and a child mental health professional.	Refer to the Medicaid Provider Manual 1.7.	The site review team will verify by a review of the PIHP policy and procedure, staff personnel file, and training record that home based staff members that are working with a person with a developmental disability is both a QMHP and a QMRP.
E.1.7. The PIHP ensures that Waiver service		

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<p>providers meet credentialing standards prior to being formally enrolled as part of the PIHP's provider panel.</p>		
<p>E.1.8. The PIHP ensures that Waiver service providers continue to meet credentialing standards after being formally enrolled as part of the PIHP's provider panel.</p>		
<p>E.1.9. The PIHP ensures that non-licensed Waiver service providers meet the provider qualifications identified in the Medicaid Provider Manual.</p>		
<p>E.2.1. The home-based program is supervised by a QMHP and Child Mental Health professional.</p>	<p>Refer to the Medicaid Provider Manual 1.7.</p>	<p>The site review team will verify by a review of the PIHP policy and procedure, staff personnel file and training record that the program supervisor meets the requirements outlined in the Medicaid Provider Manual and Administrative Rules.</p>
<p>E.2.2. Non-professional staff in the PSR program work under the documented supervision of a qualified professional.</p>	<p>This requirement helps ensure that proper oversight of staff occurs and increases the likelihood that staff members will effectively assist with attaining Clubhouse goals in a manner consistent with Clubhouse philosophy.</p>	<p>Organizational charts and performance evaluations should support that appropriate supervision is taking place.</p> <p>Interviews with staff and members should support that the Clubhouse manager is actively involved in on-site supervision of staff members and Clubhouse operations.</p> <p>The site review team will also examine progress notes as a potential source of evidence that the Clubhouse program is meeting the requirement for appropriate supervision. The supervisor's co-signing of progress notes written by staff will be accepted as one source of evidence that appropriate supervision is taking place.</p>
<p>E.2.3. Crisis Residential Treatment services must be provided under the immediate direction of a professional possessing at least a bachelor's degree in a human services field, and who has at least 2 years work experience providing services to beneficiaries with a mental illness.</p>	<p>The educational background and work experience of the professional staff supervising the direct care staff is essential in the successful operation of the program.</p> <p>Reference Medicaid Provider Manual Section 6.4.</p>	<p>The review team will review the personnel file of the crisis residential home manager to ensure they have the requisite experience, as well as review the staffing schedule to ensure that the home manager works full time at the crisis residential program.</p>

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<p>E.2.4. Supervision of personal care services must be provided by a health care professional that meets the qualifications outlined in the Medicaid Provider Manual.</p> <p>R 330.2805</p> <p>R 330.2806</p> <p>Medicaid Provider Manual, Section 11</p>		<p>The team will review clinical records and personnel records to evaluate whether the supervision of personal care services was provided by a health care professional (a physician, registered nurse, physician’s assistant, nurse practitioner, and dietician). The services rendered must be relevant to the health care professional’s scope of practice.</p> <p>Clinical record review will determine if:</p> <ul style="list-style-type: none"> • Services are identified in the IPOS (equivalency to 3803’s justification) • personal care services are authorized by a physician, case manager, or supports coordinator <p>Personnel record reviews will determine if personal care services are:</p> <ul style="list-style-type: none"> • Supervised by a qualified person • Provided by staff members who have been appropriately trained
<p>E.2.5. The intensive crisis stabilization services team may be assisted by trained paraprofessionals under appropriate supervision. The trained paraprofessionals must have at least one year of satisfactory experience providing services to persons with serious mental illness.</p>		<p>The site review team will review the program’s process for supervising paraprofessional staff, as well as review any policy and procedure that relates to supervision of paraprofessionals. Supervision may be reflected by counter signing progress notes, and/or demonstrated in paraprofessional staff member's performance evaluations.</p>
<p>E.3.1. All ACT team staff members must have a basic knowledge of ACT programs and principles acquired through ACT specific training.</p>	<p>Refer to the Medicaid Provider Manual Section 4.</p>	<p>The site review team will review PIHP policy and procedure and staff training records to assure that all ACT team staff members have a basic knowledge of ACT programs and principles acquired through ACT specific training, i.e., ACT 101 training.</p>
<p>F.3.2. All access centers/units in the service area have professional staff members who are cross-trained in performing assessments for co-occurring disorders.</p> <p>(AFP 3.8.4.)</p>	<p>Cross training staff increases the quality of work and success of consumers. A competent and informed staff provides better treatment. Learning new assessment techniques to address both substance abuse and mental illness has a positive effect on co-occurring outcomes.</p>	<p>The review team will look for evidence that staff have been cross trained in performing assessments for co-occurring disorders prior to beginning work in the screening center. Supporting evidence could include:</p> <ul style="list-style-type: none"> • PIHP has a competency development plan that is designed around principles of co-occurring disorder treatment which includes, welcoming attitudes,

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		<p>screening, assessment and integrated plan, motivational interviewing, stages of change and stage match treatment interventions, substance abuse treatment skills, etc.</p> <ul style="list-style-type: none"> • Job descriptions that support the development of co-occurring capability • Documentation that staff have acquired core competency of co-occurring disorders through the process of supervised learning and on-going performance reviews.
E.3.3. Providers must document initial and ongoing training for case managers related to core requirements.	Refer to the Medicaid Provider Manual Section 13.1. Provider Qualifications.	The site review team will review PIHP policies, personnel files and staff training records to assure that ongoing training occurs for case managers related to the core requirements.
E.3.4. Home-based assistants must be trained prior to beginning work with the beneficiary and family.	Refer to the Medicaid Provider Manual 7.1. Qualified Staff.	<p>The site review team will verify by a review of the PIHP policy and procedure, clinical record, staff personnel file and training record that home-based assistants are trained in the core training requirements of the PIHP, i.e., family-centered practice, Recipient Rights, grievance and appeal, limited English proficiency, cultural competence, safety, universal precautions and HIPAA.</p> <p>In addition, home-based assistants must be trained regarding the beneficiary’s family-centered plan, including appropriate intervention and implementation strategies, prior to beginning work with the beneficiary and family.</p>
E.3.5. For home-based programs serving infants/toddlers (birth through age three) and their families, staff must be trained in infant mental health interventions.	Refer to the Medicaid Provider Manual 7.1.	The site review team will verify by a review of the PIHP policy and procedure, staff personnel file and training record that staff is trained specifically in providing infant mental health treatment.
E.3.6. Staff members are trained in the philosophy and methods of person-centered planning.		<p>The review team will look for evidence that staff were trained to provide services in a person-centered planning approach or when working with children and families, a family-centered approach. Sources of evidence could include:</p> <ul style="list-style-type: none"> • PIHP’s administrative policy on person-centered

DCH Site Review Interpretive Guidelines

DIMENSIONS/INDICATORS	Reason/Interpretation	What type and what evidence/documentation will demonstrate compliance?
		<p>planning (is training occurring at the frequency identified in the policy?)</p> <ul style="list-style-type: none"> • Personnel files • Flyers from trainings provided • Sign-in sheets from trainings and in-services <p>Failure of the individual plans of service to demonstrate compliance with person-centered planning requirements is an indication that staff training was ineffective.</p>
<p>E.3.7. Staff members are trained in the philosophy and methods of self-determination.</p> <p>Medicaid Managed Specialty Supports and Services contract §6.2 (Training, Education, Experience and Licensing Requirements).</p>		<p>The review team will look for evidence that staff were trained to provide services in a philosophy and methods of self-determination. Sources of evidence could include:</p> <ul style="list-style-type: none"> • PIHP’s administrative policy on Self-Determination (is training occurring at the frequency identified in the policy?) • Personnel files • Flyers from trainings provided • Sign-in sheets from trainings and in-services <p>Failure of the individual plans of service, individual budgets and other required documentation to demonstrate compliance with self-determination requirements may be an indication that staff training was ineffective.</p>
<p>E.3.8. The PIHP shall identify staff training needs and provide in-service training, continuing education, and staff development activities that include the topic areas of abuse and neglect (recipient rights), medical emergencies, environmental emergencies, universal precaution, behavior management (applied behavioral sciences); crisis management; Person-centered training: cultural diversity, HIPAA, language proficiency; grievance and appeal; and other DHS approved training required for staff members working in specialized residential settings as applicable.</p>		<p>The training standards specified in the administrative rules are intended to impart a basic level of knowledge to staff. The site review team will look for evidence that:</p> <ul style="list-style-type: none"> • Training needs are identified • Any residential training curriculum used was approved by DHS and the PIHP. • Staff training took place • Staff training was effective • On-going training occurred as necessary to meet the needs of those individuals receiving services <p><u>Specialized residential</u></p> <p>Specialized residential home licensees, the CMHSP and the PIHP are accountable for insuring that direct care staff</p>

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DIMENSIONS/INDICATORS	Reason/Interpretation	What type and what evidence/documentation will demonstrate compliance?
<p>Administrative Rule R330.1806</p> <p>AFP 3.8.3</p> <p>Person-Centered Planning Guideline</p>		<p>complete basic training course using an approved curricula. The CMHSP is expected to address, through their arrangements for the provision of specialized residential services, any unique or specific CMH contractual service provider expectations. Such expectations should include specifics regarding preferred training curricula, training providers, length of time for training, etc.</p> <p>The PIHP/CMHSP needs to assure that the selected curriculum is implemented with sufficient quality and quantity to meet the needs of staff to support the individuals with whom they currently work. It is expected that the specialized residential staff demonstrate that they are fully capable of implementing each recipient's written plan of service.</p> <p>Sources of information could include:</p> <ul style="list-style-type: none"> • Personnel records • Training records • Communication logs • Staff meeting minutes • Individual plans of service • Performance evaluations • Quality improvement plan(s) • Administrative policies and procedures • Trainer credentials/competencies • The training curriculum • Clinical records • Incident reports • Competencies/skills by observations • Requested demonstrations of skills/knowledge/competencies (i.e., implementation of an individual's behavioral plan) • PIHP monitoring activities (reviews, recommendations, corrective actions)