SITE REVIEW PROTOCOLS

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
A. CONSUMER INVOLVEMENT (Medicaid Managed Specialty Services and Supports Contract, Consumerism Practice Guideline Attachment P 6.8.2.3.)			
A.1. Consumers and family members are involved in evaluating the quality and effectiveness of service. (Consumerism Practice Guideline V.A.6.)			
A.2. PIHP promotes the efforts and achievements of consumers through special recognition. (Consumerism Practice Guideline V.A.4.)			
A.3. The PIHP gathers ideas and responses from consumers concerning their experiences with services through the use of customer satisfaction surveys and other related methods. (Consumerism Practice Guideline V.A.5.)			
A.4. Consumers, former consumers, family members and advocates must be invited to participate in evaluating implementation of the guideline. (Consumerism Practice Guideline V.F.)			
B. SERVICES 1. GENERAL (Medicaid Managed Specialty Supports and Services Contract, Part II, Statement of Work, Section 2.0 Supports and Services)			
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.			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
Medicaid Managed Specialty Supports and Services Contract, “Statement of Work” AFP Sections 2.8, 2.10.5, 3.1, 3.5			
B.1.2. Non-professionals are appropriately supervised.			
B.2. PEER DELIVERED & OPERATED DROP IN CENTERS			
B.2.1. Staff and board of directors of the Drop In Center are each primary consumers. (Medicaid Provider Manual, Mental Health/Substance Abuse, 17.3.H.2.)			
B.2.2. The PIHP supports consumer's autonomy and independence in making decisions about the Drop In Center's operations and financial management. (Medicaid Provider Manual, Mental Health/Substance Abuse, 17.3.H.2.)			
B.2.3. The Drop In Center is located at a non-CMH site. (Medicaid Provider Manual, Mental Health/Substance Abuse, 17.3.H.2.)			
B.2.4. The Drop In Center has applied for 501(c)(3) status. (Medicaid Provider Manual, Mental Health/Substance			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
Abuse, 17.3.H.2.)			
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. (Medicaid Provider Manual, Mental Health/Substance Abuse, 17.3.H.2.)			
B. 3. HOME BASED (Medicaid Provider Manual, Mental Health and Substance Abuse Services, Section 7)			
B.3.1. Enrolled by DCH.			
B.3.2. Eligibility/Target pop: Family unit with multiple service needs.			
B.3.3.1. Structure/Org: Home-based program has a centralized structure (identifiable service unit of an organization).			
B.3.3.2. Mechanism for service coordination and integration has been defined & utilized.			
B.3.4.1. Staffing: Full time worker to family ratio does not exceed 1:15.			
B.3.4.2. 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.			
B.3.4.3. The program is supervised by a QMHP and			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
Child Mental Health professional.			
B.3.4.4. Staff members are child mental health professionals.			
B.3.4.5. Staff for individuals with a developmental disability must be a QMRP and a child mental health professional.			
B.3.4.6. Home-based assistants must be trained prior to beginning work with the beneficiary and family.			
B.3.4.7. For home-based programs serving infants/toddlers (birth through age three) and their families, staff must be trained in infant mental health interventions.			
B.3.5.1. Presence in Family-Centered Plan: Services provided by home based service assistants must be clearly identified in the family-centered plan of service.			
B.3.5.2. Services must be based on a family-centered plan of service.			
B.3.5.3. Home based services are provided in the family home or community settings which all citizens use.			
B.4. ASSERTIVE COMMUNITY TREATMENT (Medicaid Provider Manual, Mental Health/Substance Abuse, Section 4 - Assertive Community Treatment Program)			
B.4.1. The program has been approved by DCH to provide Assertive Community Treatment services.			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
B.4.2. Eligibility/Target Population: Persons receiving ACT services meet the eligibility requirements established in the Medicaid Provider Manual.			
B.4.3.1. Structure/Organization: ACT services are provided by all members of a: • Mobile • Multi-interdisciplinary team.			
B.4.3.2. Case management services are interwoven with treatment and rehabilitation services and are provided by all members of the team.			
B.4.3.3. For beneficiaries with co-occurring substance use disorders, individualized treatment will be integrated by the team as part of the overall treatment approach.			
B.4.3.4. ACT services and interventions must be consistent with medical necessity of the individual beneficiary with goal of maximizing independence.			
B.4.3.5. ACT crisis response coverage services are available 24 hours a day, 7 days a week. Crisis response coverage includes psychiatric availability.			
B.4.3.6. ACT team meetings are held daily.			
B.4.3.7. Physician meets with the ACT team on a frequent basis. Medicaid Provider Manual, MH/SA, Section 4-Assertive Community Treatment Program – Team			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
Composition and Size.			
B.4.3.8. ACT meetings cover: a) Plans for deploying activities of the team; b) Discussion of urgent or emergent situations; c) Progress updates, clinical, medical needs as well as psychosocial interventions and supports. Medicaid Provider Manual, MH/SA, Section 4.3 – Essential Elements			
B.4.4.1. Staffing: 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.			
B.4.4.2. Team composition meets Medicaid Provider Manual requirements.			
B.4.4.3. All ACT team staff members must have a basic knowledge of ACT programs and principles acquired through ACT specific training.			
B.4.5. The ACT program is an individually tailored combination of services and supports that may vary in intensity over time based on the beneficiary's needs and condition.			
B.4.6. Discharge is not prompted by cessation or control of symptoms alone, but is based on criteria that includes recovery and preference of consumer.			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
B.4.7. 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.			
B.5. CLUBHOUSE PSYCHO-SOCIAL REHABILITATION PROGRAM (Medicaid Provider Manual, Mental Health/Substance Abuse, Section 5.)			
B.5.1. Program is approved by DCH to provide Psycho-Social Rehabilitation Services.			
B.5.2. Eligibility: Individuals must have serious mental illness with identified psychosocial rehabilitation goals and the ability to participate in and benefit from the PSR program.			
B.5.3.1. Structure/Organization: Members have access to the clubhouse during times other than the ordered day, including evenings, weekends, and all holidays.			
B.5.3.2. The program must have a schedule that identifies when program components occur.			
B.5.3.3. 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.			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
B.5.3.4. 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.			
B.5.3.5. Members influence and shape program operations.			
B.5.3.6. 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.			
B.5.4.1. Staffing: The 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.			
B.5.4.2. Non-professional staff work under the documented supervision of a qualified professional.			
B.5.5.1. Presence in the Plan Services reflect the member's preferences and needs.			
B.5.5.2. Members establish their own schedule.			
B.5.5.3. Members receive support towards recovery from fellow members and staff.			
B.6. CRISIS RESIDENTIAL SERVICES Medicaid Provider Manual, Mental Health/Substance			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
Abuse, Section 6.)			
B.6.1. Program is: • Approved by DCH • Provided in DHS licensed and certified settings.			
B.6.2. Eligibility: Persons who meet psychiatric inpatient admission criteria, but who have symptoms and risk levels that permit them to be treated in alternative settings.			
B.6.3.1. Structure/Organization 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.			
B.6.3.2. Covered services include: psychiatric supervision; therapeutic support services; medication management/stabilization and education; behavioral services; and nursing services.			
B.6.3.3.(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.			
B.6.3.3.(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. OR On-site nursing for settings of 7-16 beds must be			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
provided 8 hours per day, 7 days per week, with 24 hour availability on-call.			
B.6.4. Staffing: Treatment services must be provided under supervision of a psychiatrist and 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.			
B.6.4.1. Non-degreed staff who carry out treatment activities 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.			
B.6.5.1. Individual Plan of Service: Plan must be developed within 48 hours of admission.			
B.6.5.2. The plan 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			
B.6.5.3. The plan of service must contain discharge planning information and the need for aftercare/follow-up services, including the role and identification of the case manager.			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
B.6.5.4. The plan of 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.			
B.6.5.5. If the individual has an assigned case manager, the case manager must be involved in treatment, as soon as possible, including follow-up services.			
B.6.5.6. 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.			
B.7. TARGETED CASE MANAGEMENT (Medicaid Provider Manual, Mental Health/Substance Abuse, Section 13)			
B.7.1. Case management programs must be registered with DCH.			
B.7.2. <u>Eligibility:</u> 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.			
B.7.3.1. <u>Structure/Organization</u> Provider must have capacity to perform a face-to-face assessment and produce a written report.			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
B.7.3.2. Persons must have a choice of case management providers.			
B.7.3.3. Program provides the core elements of case management: assessment, linking/coordination, and monitoring.			
B.7.3.4. Providers must document initial and ongoing training for case managers related to core requirements.			
B.7.4. Staffing: Primary case manager must be a professional who possesses a bachelor's degree in human services.			
B.8. PERSONAL CARE IN LICENSED RESIDENTIAL SETTINGS (Medicaid Provider Manual, Mental Health/Substance Abuse, Section 11) Administrative Rule R330.1801-09 (as amended in 1995)			
B.8.1. Structure/Organization: B.8.1.1. Personal care services are authorized by a physician or the case manager or supports coordinator in accordance with an individual plan of service, and rendered by a qualified person. These personal care services are distinctly different from the state plan Home Help program administered by DHS. R 330.2810 Medicaid Provider Manual, Section 11			
B.8.1.2. Personal care services can only be provided in a licensed foster care setting with a specialized			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
residential program certified by the state. Medicaid Provider Manual, Section 11			
B.8.2. Staffing: Supervision of personal care services must be provided by a health care professional that meets the qualifications outlined in the Medicaid Provider Manual. R 330.2805 R 330.2806 Medicaid Provider Manual, Section 11			
B.8.3.1. The file contains an assessment of the beneficiary's need for personal care. Medicaid Provider Manual, Section 11.3			
B.8.3.2. The specific personal care services to be delivered are identified in the individual plan of service. Medicaid Provider Manual, Section 11.3			
B.8.3.3. The plan must be reviewed and approved at least once per year during person-centered planning. Medicaid Provider Manual, Section 11.3			
B.8.3.4. Documentation of the delivery of personal care services is consistent with how the individual plan of service specifies those services that are to be provided and includes the specific days on which personal care services were delivered.			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
Medicaid Provider Manual, Section 11.3			
B.9. INPATIENT PSYCHIATRIC HOSPITAL ADMISSION (Medicaid Provider Manual, Mental Health/Substance Abuse, Section 8; M.C.L. 330.1209(a))			
B.9.1. Inpatient pre-screening services must be available 24 hours a day, 7 days a week.			
B.9.2. Disposition is completed within three hours			
B.9.3. Severity of illness and intensity of service criteria are appropriately employed in admission or denial decisions.			
B.9.4. The PIHP is responsible for coordination with substance abuse treatment providers when appropriate.			
B.9.5. The PIHP provides or refers and links to alternative services, when appropriate.			
B.9.6. The PIHP provides notice of rights to a second opinion in the case of denials.			
B.9.7. The PIHP communicates with treating and/or referring providers.			
B.9.8. The PIHP communicates with the primary care physician or health plan.			
B.9.9. The PIHP must review inpatient psychiatric services at regular intervals to determine the continued necessity for care in an inpatient setting.			
B.9.10. The PIHP is responsible for ensuring that discharge planning is completed in conjunction with			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
hospital personnel.			
B.10. INTENSIVE CRISIS STABILIZATION SERVICES (Medicaid Provider Manual, Mental Health/Substance Abuse, Section 9)			
B.10.1. Program is approved by DCH.			
B.10.2. Eligibility: 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.			
B.10.3.1. Structure/Organization: Intensive/Crisis stabilization services are intensive treatment interventions delivered by an intensive/crisis stabilization treatment team under psychiatric supervision. (Direct on-site supervision is not required, but the psychiatrist must be available by telephone at all times.)			
B.10.3.2. Services include intensive individual counseling/psychotherapy, assessments (rendered by the treatment team), family therapy, psychiatric supervision and therapeutic support services by trained paraprofessionals.			
B.10.4.1 Staffing: Professionals providing intensive crisis stabilization			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
services must be a mental health care professional.			
B.10.4.2. Nursing services/consultation must be available.			
B.10.4.3. The professional 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.			
B.10.5.1 Presence in Plan: Intensive crisis stabilization services treatment plan must be developed within 48 hours.			
B.10.5.2. Plan must contain clearly stated goals and measurable objectives, derived from the assessment of immediate need, and stated in terms of specific observable changes in behavior skills, attitudes, or circumstances structured to resolve the crisis.			
B.10.5.3. 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.			
B.10.5.4. If the individual receiving intensive crisis stabilization services is receiving case management services the assigned case manager must be involved in the treatment and follow up services.			
B.10.5.5. 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.			
B.11. CHILDREN'S WAIVER			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
(Medicaid Provider Manual, Mental Health/Substance Abuse, Section 14 and Appendix)			
B.11.1.1 Eligibility The child must have a developmental disability as defined in Michigan State law, be less than eighteen years of age and in need of habilitation services. Medicaid Provider Manual, Section 14			
B.11.1.2. The child's intellectual or functional limitations indicate that he/she would be eligible for health, habilitative and active treatment services provided at the ICF/MR level of care. Medicaid Provider Manual, Section 14			
B.11.1.3. The child resides with his/her birth or legally adoptive parents or with a relative who has been named the legal guardian. Medicaid Provider Manual, Section 14			
B.11.1.4. The child is at risk of being placed into an ICF/MR facility because of the intensity of the child's care and the lack of needed support, or the child currently resides in an ICF/MR facility, but with appropriate community support, could return home. Medicaid Provider Manual, Section 14			
B.11.1.5. The child must meet, or be below, Medicaid income and asset limits when viewed as a family of one. Medicaid Provider Manual, Section 14			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
B.11.2.1. Structure/Organization: Waiver services are provided in the family home or community. Medicaid Provider Manual, Section 14			
B.11.2.2. Category of Care Decision Guide is used to determine the amount of publicly funded hourly care. Medicaid Provider Manual, Section 14			
B.11.2.3. The CMHSP assesses potential waiver candidates, completes the Children's Waiver Program pre-screen, and forwards the materials to DCH. Medicaid Provider Manual, Section 14			
B.11.2.4. The CMHSP is responsible for coordination of the child's waiver services. Medicaid Provider Manual, Section 14			
B.11.2.5. The CMHSP must complete and submit to MDCH CWP an original Prior Review and Approval Request (PRAR) and required documentation as required in the Medicaid Provider Manual. Medicaid Provider Manual, MH/SA, Section 14.4			
B.11.3. Documentation exists that service providers are employees of CMHSP; on contract with the CMHSP; hired through the Choice Waiver system; or are Medicaid enrolled private duty nursing providers. Medicaid Provider Manual, Section 14			
B.11.3.1. Individuals who provide respite and CLS must be trained in the following: plan of service implementation, infection control, first aid,			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
emergency procedures, and recipient rights. Medicaid Provider Manual, Section 14			
B.11.3.2. Parents may not act as paid staff for their child. Medicaid Provider Manual, Section 14			
B.11.4.1 Presence in Plan: All services and supports are included in the Individual Plan of Service. Medicaid Provider Manual, Section 14 Person-centered Best Practice Guideline			
B.11.4.2. All necessary assessments are current. Medicaid Provider Manual, Section 14			
B.11.4.3. Evidence supports that planning took place with family, and that needs, desires and goals were discussed. Medicaid Provider Manual, Section 14 Person-centered Best Practice Guideline			
B.11.4.4. Evidence of active treatment must be present in the individual plan of service. Medicaid Provider Manual, Section 14			
B.11.4.5. The individual plan of service must be reviewed, approved, and signed by a physician. Medicaid Provider Manual, Section 14			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
B.12. HABILITATION SUPPORTS WAIVER (Medicaid Provider Manual, Mental Health/Substance Abuse, Section 15)			
B.12.1.1. Persons must have a developmental disability as defined by Michigan law. Medicaid Provider Manual, Section 15 Michigan Mental Health Code			
B.12.1.2. Persons must be assessed to require the level of service or supports provided in an ICF/MR as evidenced by a QMRP's certification. Medicaid Provider Manual, Section 15 (10/06,MPM, MH/SA, Pg. 6)			
B.12.1.3. Persons must reside in a community-based setting (licensed or unlicensed settings, but not nursing homes, jails, hospitals, or ICF/MR settings). Medicaid Provider Manual, Section 15 (10/06, MPM, MH/SA,Pg.9, Pg.76)			
B.12.1.4. Persons must be certified as current enrollees and be re-certified annually. A copy of the certification form must be in the individual's file. Medicaid Provider Manual, Section 15 (10/06, MPM, MH/SA, Pg.76)			
B.12.2. The PIHP maintains documentation of current information showing all waiver sites. Licensed settings must be authorized to provide services to individuals with a developmental disability and			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
certified (AFC sites only) if the setting is providing specialized mental health services to persons with a developmental disability. Medicaid Provider Manual, Section 15 Mandated per HSW Michigan 1915 Wavier (State contract with Federal Gov.)			
B.12.3. QMRP Oversight All services, including supports coordination, are provided under the supervision of a physician or other QMRP. Medicaid Provider Manual, Section 2 – Program Requirements, 2.1 Mental health and Developmental Disability Services (10/06, MPM, MH/SA, Pg. 8, Pg.91)			
B.12.4. <u>Presence in the Plan:</u> Services and supports provided were specified in the individual plan of service and identified in terms of amount, scope and duration. Medicaid Provider Manual, Section 15 (10/06, MPM, MHSA, Pg. 8, Pg.76).			
B.12.4.1. Documentation that HSW support and services provided are necessary to prevent ICF/MR level of care services. Medicaid Provider Manual, Section 15			
B.12.4.2. Individual had the opportunity to choose between HSW supports and services, and institutional services.			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
Medicaid Provider Manual, Section 15			
B.12.4.3. Individual was informed of their right to request alternative providers or service sites. Medicaid Provider Manual, Section 15			
B.12.4.4. Documentation supports that services are not duplicative of other federally funded services, such as those available under IDEA or the Rehabilitation Act. Medicaid Provider Manual, Section 15			
B.13. ADDITIONAL MENTAL HEALTH SERVICES [(B)(3)S] (Medicaid Provider Manual, Mental Health/Substance Abuse, Section 17)			
B.13.1. Presence in the Plan: Services to be provided are documented in the IPOS.			
B.13.1.2. Goals: • Community Inclusion and participation • Independence • Productivity			
B.13.2.1. Supports and Services • Assistive Technology			
B.13.2.2. Community Living Supports			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
B.13.2.3. Enhanced Pharmacy			
B.13.2.4. Environmental Modifications			
B.13.2.5. Crisis Observation Care			
B.13.2.6. Family Support and Training			
B.13.2.7. Housing Assistance			
B.13.2.8. Peer Delivered Or Operated			
B.13.2.9. Peer Specialist Services			
B.13.2.10. Drop-in Centers			
B.13.2.11. Prevention - Direct Service Models			
B.13.2.12. Respite Care Services			
B.13.2.13. Skill Building Assistance			
B.13.2.14. Support and Service Coordination			
B.13.2.15. Supported /Integrated Employment Services			
B.13.2.16. Wraparound Services For Children And Adolescents			
B.13.2.17. Fiscal Intermediary Services			
B.13.3.1. Sub-Acute Detoxification			
B.13.3.2. Residential Treatment			
B.14. JAIL DIVERSION Adult Jail Diversion Policy Practice Guideline of			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
February 2005 - Contract Attachment P.6.8.4.1. R 330.2810 Michigan Mental Health Code, 1995, Act 290			
B.14. The PIHP is responsible for ensuring that each CMHSP within its provider network:			
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. AFP Section 2.9.3 & 2.9.4			
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.			
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. MDCH/CMHSP Managed Mental Health Supports and Services Amendment #1			
B.14.4. establishes regular meetings among the police/sheriffs, court personnel, prosecuting attorney, judges, and CMHSP representatives.			
B.14.5. provides cross training for law enforcement and mental health personnel on the pre-booking and			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
post-booking jail diversion program.			
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. Medicaid Managed Specialty Supports and Services Contract, Section 6.5.1 & 6.5.2			
B.15. CO-OCCURRING MENTAL HEALTH AND SUBSTANCE DISORDERS TREATMENT			
B.15.1. The PIHP is involved in organized, on-going collaborative efforts that involve individuals with co-occurring mental health and substance disorders who require services from multiple systems. (AFP 2.9.4.)			
B.15.2. The PIHP has adopted common policies and procedures concerning assessment and service provision for individuals with co-occurring mental health and substance use disorders. (AFP 3.8.4.)			
B.15.3. Access centers/units in the service area routinely screen and assess for co-occurring disorders. (AFP 3.8.4.)			
B.15.4. All access centers/units in the service area have professional staff who are cross-trained in performing assessments for co-occurring disorders. (AFP 3.8.4.)			
B.15.5. Service area has reasonable access (30 miles or 30 minutes in urban areas or 60 miles or 60			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
minutes in rural areas) to specialized services for co-occurring disorders. AFP 3.8.4.)			
B.15.6. Integrated services are provided for all individuals with co-occurring mental health and substance disorders. (AFP 3.8.4.)			
B.15.7. The PIHP has integrated person-centered planning processes for individual with co-occurring mental health and substance disorders. (AFP 2.2.2.)			
B.15.8. The PIHP has formal procedures in place to assure that individuals are not inappropriately denied access during screening, initial assessment, or access process for individuals with a co-occurring mental health and substance disorder. (AFP 3.1.3.)			
B.15.9. Outreach is regularly and consistently conducted for individuals with co-occurring mental health and substance disorders. (AFP 3.1.2.)			
B.16. SUBSTANCE ABUSE ACCESS & TREATMENT (Medicaid Managed Specialty Supports and Services Contract, Statement of Work, Section 2 Supports and Services, Section 3 Access Assurance)			
B.16.1. The PIHP ensures that the required continuum of substance abuse rehabilitative services is available.			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
B.16.2. The PIHP has sufficient capacity to meet demands for substance abuse services.			
B.16.3. The PIHP meets the time and distance requirements for access to substance abuse services.			
B.16.4. The PIHP meets the requirements to provide 24 hours a day, 7 day a week access to substance abuse screening assessment and referral services.			
B.16.5. The PIHP has effective methods for assuring that substance abuse treatment is based on the development of an individualized treatment plan.			
B.16.6. 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.			
C.1. IMPLEMENTATION OF PERSON-CENTERED PLANNING Medicaid Managed Specialty Services and Supports Contract, Attachment P 3.4.1.1. Person-Centered Planning Practice Guideline Attachment 3.11.3 Consumerism Best Practice Guideline. MHC 712 Chapter III, Provider Assurances & Provider Requirements Attach. 4.7.1 Grievances and Appeals Technical Requirement. MDCH Administrative Hearings Policy and			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
Procedures dated 9/1/99. Technical Requirements in 42CFR on Grievance and Appeals.			
C.1.2. Process for informing consumers of their rights to person-centered planning.			
C.1.3. The individual is provided with options of choosing external facilitation of their meeting, unless the individual is receiving short-term outpatient therapy only, medication only, or is incarcerated.			
C.1.4. Staff members are trained in the philosophy and methods of person-centered planning.			
C.1.5. The PIHP has a process for assuring subcontractors' implementation of and compliance with person-centered planning requirements.			
C.1.6. Preplanning meetings occur before a person-centered planning meeting is originated.			
C.1.7. Accommodations for sensory and/or communication handicaps and cultural diversity are provided if needed.			
C.1.8.1. Person-centered planning addressed: individual's dreams, desires, and/or goals.			
C.1.8.2. Person-centered planning addressed individual's strengths, not weaknesses.			
C.1.8.3. Person-centered planning addressed community inclusion.			
C.1.8.4. Person-centered planning addressed natural supports.			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
C.1.8.5. Person-centered planning addressed health and safety.			
C.1.8.6. Person-Centered Planning Processes are used to develop an individual plan of service that reflects when a behavior treatment plan needs to be developed.			
C.1.8.7. Behavior treatment plans are developed through a person-centered process.			
C.1.8.8. Written special consent is obtained before the behavior treatment plan is implemented.			
C.1.9. Family-centered supports and services are provided for minor children.			
C.1.10. Individuals have ongoing opportunities to express their needs and desires, preferences, and meaningful choices.			
C.1.11. 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.			
C.1.12. Individuals are provided an opportunity to develop a crisis plan.			
C.1.13. Individuals are provided the opportunity and support to develop a psychiatric advanced directive.			
C.2. PLAN OF SERVICE AND DOCUMENTATION REQUIREMENTS			
C.2.1. Preliminary plans of service are developed within 7 days of commencement of services.			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
C.2.2. Specific services and supports to be provided, including the amount, scope, and duration of services, are identified in the plan of service.			
C.2.3. The plan of service identifies available conflict resolution processes.			
C.2.4. Individuals are provided timely Adequate Notice consistent with DCH format.			
C.2.5. The plan of service identifies the frequency that it will formally be reviewed (no less than annually) for effectiveness.			
C.2.6. Individuals are provided a copy of their individual plan of service within fifteen business days after the planning meeting.			
C.2.7. 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.			
C.2.8. Services and treatment identified in the individual plan of service are provided as specified in the plan.			
C.3. IMPLEMENTATION OF ARRANGEMENTS THAT SUPPORT SELF-DETERMINATION Medicaid Managed Specialty Services and Supports Contract, Attachment 3.4.4 Self-Determination Practice Guideline (SD P&PG). Attachment _____ Choice Voucher System Technical Advisory			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
Medicaid Provider Manual, Provider Assurances & Provider Requirements Attachment 4.7.1 Grievances and Appeals Technical Requirement. MDCH Administrative Hearings Policy and Procedures dated 9/1/99. Technical Requirements in 42CFR on Grievance and Appeals.			
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. SD P&PG, Purpose § I, Policy § I.			
C.3.2. Individuals receive full and complete information about self-determination and the manner in which it may be accessed and applied is provided to each consumer. SD P&PG, Policy § I.C.			
C.3.3. Staff members are trained in the philosophy and methods of self-determination. Medicaid Managed Specialty Supports and Services contract §6.2 (Training, Education, Experience and Licensing Requirements).			
C.3.4. The Person-Centered Planning process is used to develop the individual budget and the arrangements that support self-determination, in addition to the IPOS, for individuals using arrangements that support self-determination.			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
SD P&PG, Policy § II.A			
C.3.5. Each individual participating in arrangements that support self-determination has a Self-Determination Agreement with the PIHP that complies with the requirements of SD P&PG, Policy § II.E. SD P&PG, Policy § II.E			
C.3.6. The development and implementation of individual budgets meet the requirements of the Self-Determination Policy and Practice Guideline. SD P&PG, Policy § II.E.			
C.3.7. Consistent with the goals in their individual plan of service, individuals are able to exercise budget flexibility when managing their individual budgets. SD P&PG, Policy § IV.E.4.			
C.3.8. Each PIHP has a contract with at least one fiscal intermediary. SD P&PG, Policy § IV.B			
C.3.9. Each PIHP has procedures in place for assuring that fiscal intermediaries meet the minimum requirements. SD P&PG, Policy § IV.B, C, D &E; Medicaid Provider Manual, MH/SA, § 17.3.O.			
C.3.10. Individuals participating in self-determination shall have assistance from the PIHP to select, employ, and direct his/her support personnel, and to select and retain chosen qualified provider entities.			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
SD P&PG, Policy § IV.			
C.3.11 Each PIHP has procedures for handling both voluntary and involuntary termination of a Self-Determination Agreement that meets the requirements of the Self-Determination Policy and Practice Guideline. SD P&PG, Policy § II.5.			
C.3.12. Within prudent purchaser constraints an individual is able to access any willing and qualified provider. SD P&PG, Policy § III.A.			
D. ADMINISTRATIVE SERVICE FUNCTIONS **1. PROVIDER NETWORKS** (Medicaid Managed Specialty Supports and Services contract, Section 6.4; AFP Section 3.8, 4.0)			
D.1.1. The PIHP has adopted common policies and procedures for managing networks, including policies and procedures for use throughout the service area. Medicaid Managed Specialty Supports and Services contract, Section 6.4; AFP Sections 3.8, 4.0 42 CFR 438.214.			
D.1.2. The PIHP has policy and business procedures to assure regular monitoring and reporting on each network provider. 42 CFR 438.230(b)(4)			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
42 CFR 438.810 Medicaid Managed Specialty Supports and Services contract, Section 6.4; AFP Sections 2.5, 3.8, 3.1.8			
D.1.3. The PIHP has documentation that supports that on-site reviews of each provider are completed annually or more often if needed. Medicaid Managed Specialty Supports and Services contract, Section 6.4; AFP Section 3.8, Regulatory Oversight and Management			
D.1.4. Provider performance reports are available for review by individuals, families, advocates, and the public. Medicaid Managed Specialty Supports and Services contract, Section 6.4			
D.1.5. The PIHP has effective remedies to use to address provider compliance or performance problems. 42 CFR 438.230(b)(4) corrective action 42 CFR 438.240(a)(1) on-going quality Medicaid Managed Specialty Supports and Services contract, Section 6.4;			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
AFP Section 3.8			
D. ADMINISTRATIVE FUNCTIONS **2. QUALITY IMPROVEMENT** (Medicaid Managed Specialty Supports and Services contract, Section 6.7; AFP Section 3.9; Medicaid Provider Manual, Mental Health/Substance Abuse, Section 3.3)			
D.2.1. 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 DCH training required for group home staff. Administrative Rule R330.1806 AFP 3.8.3 Person-Centered Planning Guideline			
D.2.2. The PIHP has developed and fully implemented a policy and procedure for the review, analysis, reporting, and follow-up of consumer deaths and sentinel events. (MA contract, Amendment # 3, P6.5.1.1, Final 10-1-05 amendment)			
D. ADMINISTRATIVE FUNCTIONS **3. HEALTH & SAFETY**			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
(Medicaid Managed Specialty Services and Supports Contract, Attachment P 3.4.1.1; 4c CFR 438.208) Administrative rule Section 3(9) of Act 218 P.A. 1979, as amended			
D.3.1. Organizational process for addressing health issues. Administrative Rule R 330.2802 Person-centered Planning Best Practice Guideline Attachment 3.4.1.1. to the MDCH Contract AFP Section 2.7			
D.3.2. Organizational process for monitoring medications. R 330.2813			
D.3.3. Organizational process for addressing safety issues. AFP Section 2.7			
D.3.4. Incident reports AFP Section 2.7			
D. ADMINISTRATIVE FUNCTIONS **4. ACCESS STANDARDS** Medicaid Managed Specialty Services and Supports Contract, Attachment P 3.3.1.1			
D.4.1. The Organization's Access System is available to all Michigan residents and is not restricted to			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
individuals who live in a particular geographic region. Contract, Attachment P 3.3.1.1, Standard I.a.			
D.4.2. Access System Services staff members are welcoming, accepting, and helping with all applicants for services. Contract, Attachment P 3.3.1.1, Standard I.a.			
D.4.3. The Access System is available 24 hours a day, seven days per week. Contract, Attachment P 3.3.1.1, Standard I.b.			
D.4.4. The Access System's telephone response system is answered by a live voice and demonstrates a welcoming atmosphere. Contract, Attachment P 3.3.1.1, Standard I.b.i.			
D.4.5. Access System crisis/emergent telephone calls are immediately transferred to a qualified practitioner without requiring an individual to call back. Contract, Attachment P 3.3.1.1, Standard I.b.ii.			
D.4.6. Responses to non-emergent calls are completed in a timely manner. Contract, Attachment P 3.3.1.1, Standard I.b.iii-iv.			
D.4.7. Individuals who walk in to an Access System are provided a timely and effective response to their requests for assistance. Contract, Attachment P 3.3.1.1, Standard I.c.			
D.4.8. The Access System has the capacity to accommodate individuals who have special access			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
needs. Contract, Attachment P 3.3.1.1, Standard I.d.			
D.4.9. Access system services do not require prior authorization and are to be provided without charge to the individual being served. Contract, Attachment P 3.3.1.1, Standard I.e.			
D.4.10. 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. Contract, Attachment P 3.3.1.1, Standard I.f.			
D.4.11. The Access System shall inquire as to the existence of any established medical or psychiatric advanced directives relevant to the provision of services. Contract, Attachment P 3.3.1.1, Standard II.c.			
D.4.12. Clinical Screening for eligibility results in a written (hard copy or electronic) screening decision which addresses each of the required elements. Contract, Attachment P 3.3.1.1, Standard III.e.			
D.4.13. The PIHP has a regular and consistent outreach effort to commonly unserved and underserved populations. Contract, Attachment P 3.3.1.1, Standard VIII.b.ii.			
D.4.14. The PIHP's medical director is involved in the review and oversight of Access System policies and clinical practices.			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
Contract, Attachment P 3.3.1.1, Standard VIII.c.i.			
D.4.15. The PIHP shall monitor Access Center performance and implement quality improvement measures in response to performance issues. Contract, Attachment P 3.3.1.1, Standard VIII.c.iv.			
D. ADMINISTRATIVE FUNCTIONS **5. BEHAVIOR TREATMENT PLAN REVIEW COMMITTEES** Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.-10/1/08			
D.5.1. The PIHP has a Committee to review and approve or disapprove any plans that propose to use restrictive or intrusive interventions.			
D.5.2. The composition of the Committee complies with the Technical Requirement.			
D.5.3. The Committee maintains meeting minutes that comply with the Technical Requirement.			
D.5.4.1. The Committee disapproves any behavior 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.			
D.5.4.2. The Committee expeditiously reviews all behavior treatment plans proposing to use intrusive or restrictive techniques and approves or disapproves their use.			
D.5.4.3. The Committee effectively ensures that required behavior analysis and alternative methods			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
have been pursued before approving any use of intrusive or restrictive techniques.			
D.5.4.4. The Committee reviews the continuing need for any approved procedures at least monthly.			
D.5.4.5. 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.5.6. 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.			
D.5.7. Data on the use of intrusive and restrictive techniques is evaluated by the PIHP's Quality Assessment and Performance Improvement Program (QAPIP).			
D.5.8. 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.			
D.5.9. Injuries or deaths that occur from the use of a behavioral intervention are reported to the Department as a sentinel event.			
E. COORDINATION (Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work; 42 CFR 438.208)			
E.1. Health Care Plans			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work; 42 CFR 438.208 CMHSP/PIHP Model Agreement: Behavioral Health			
E.2. Local Community Agency Collaboration: Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work; 42 CFR. 438.208 AFP Section 2.9			
E.3. Multipurpose Collaborative Bodies * Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work, Section 6.4.4. 42 CFR 438.208 AFP Section 2.9			
E.4. Schools/ISDs * Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work;			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
MDCH/CMHSP Managed Mental Health Supports and Services Contract: Special Education--to-Community Transition Guideline. 42 CFR 438.208 AFP Sections 2.9, 6.9.6 Mental Health Code 330.1227, Section 227 Individual with Disabilities Education Act (IDEA). Vocational Education Act of 1984			
E.5. Michigan Rehabilitation Services Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work 42 CFR 438.208 AFP Section 2.4			
E.6. DHS* Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work; 42 CFR 438.208 AFP Section 2.9			
E.7. Substance Abuse *Must have signed agreements at a minimum Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work; 42 CFR 438.208			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
AFP Sections 2.9.6, 3.12			
E.8. Primary care providers. 42 CFR438.208(b)(4) PCP coordination Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work Medicaid Managed Specialty Services and Supports Contract, Part 6 – Quality Assessment and Performance AFP Section 2.9.8			
E.9. Documentation at a minimum addresses coordination of care between the PIHP and the QHP for people who are case managed and/or are using psychotropic medications. Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work; 42 CFR 438.208			
E.10. The PIHP ensures that each individual's privacy is protected in accordance with privacy requirements in 45 CFR parts 160 and 164 subparts A and E, if applicable. Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work; 42 CFR 438.208 AFP Section 3.10.6, 3.10.8			
F. RECORD KEEPING (Medicaid Provider Manual, General Information for			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
Providers, Section 13 - Record Keeping)			
F.1. Record Retention Contract 6.8.1			
F.2. Minimum of 7 years.			
F.3. Includes written orders of other providers.			
F.4. Face Sheet information is kept current and includes:			
F.5. Name.			
F.6. Medicaid identification number.			
F.7. Medical record number.			
F.8. Address (+zip code).			
F.9. Birth date.			
F.10. Telephone number.			
F.11. Clinical records.			
F.12. Specific findings or results of diagnostic or therapeutic procedures.			
F.13. Test methodology.			
F.14. Record of prescribed treatments, tests, therapies, drugs.			
F.15. Strength, dosage and quantity of drug.			
F.16. Diagnosis, symptom, condition.			

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
F.17. Histories, plan of care, progress notes, and consultation reports.			
F.18. Begin and end time of service delivered.			
F.19. Prescribing/referring physician.			