

CSHCS CYCLE 5 ACCREDITATION

MDCH/CSHCS
Regional Meeting 2012

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The Good, Bad, Ugly

- First time doing Accreditation
- Several site reviews conducted thus far
- Varying results
- Same language as was in the CPBC attachment 3
- Accreditation gives us greater accountability
- We want you to be accredited
- Not a punitive process

Accreditation Schedule

LHD Accreditation Schedule	
Grand Traverse	8/6/2012
Huron	9/24/2012
Sanilac	10/22/2012
DHD #4	11/5/2012
Mid-Michigan	2/4/2013
DHD #2	3/4/2013
Northwest	4/15/2013
DHD #10	6/17/2013
Saginaw	1/27/2014
Central Michigan	4/7/2014
Midland	6/16/2014

Accreditation Schedule

LHD Accreditation Schedule

Kalamazoo	2/6/2012
Ottawa	5/21/2012
Muskegon	6/4/2012
Grand Traverse	8/6/2012
Van Buren/Cass	10/8/2012
DHD 10	6/17/2013
Kent	8/19/2013
Allegan	9/30/2013
Berrien	11/4/2013
Calhoun	3/17/2014

Accreditation Schedule

LHD Accreditation Schedule

Branch-Hillsdale-St. Joe	2/27/2012
Mid Michigan	2/4/2013
Barry-Eaton	3/18/2013
Shiawassee	5/20/2013
Benzie-Leelanau	9/30/2013
Jackson	10/21/2013
Berrien	11/4/2013
Genesee	2/3/2014
Ingham	3/3/2014
Macomb	4/21/2014
Lenawee	5/5/2014
Ionia	5/19/2014
Livingston	6/2/2014

Accreditation Schedule

LHD Accreditation Schedule	
Lapeer	3/19/2012
Tuscola	7/23/2012
St. Clair	11/26/2012
City of Detroit	2/25/2013
Washtenaw	6/3/2013
Saginaw	1/27/2014
Monroe	2/3/2014
Oakland	7/28/2014
Wayne	8/11/2014

Accreditation Schedule

LHD Accreditation Schedule	
Marquette	3/5/2012
Delta-Menominee	4/23/2012
LMAS	5/6/2013
Western U P	8/5/2013
Dickinson-Iron	10/7/2013

Helpful Pointers

- If you won the lottery would someone be able to pick up your book and do your job??
- Have in place good structured policies and procedures
- Be specific



Reoccurring MPR issues

MPR 3

The local health department CSHCS program shall have family-centered policies, procedures and reporting in place.

Reference: *(CSHCS Guidance Manual for Local Health Departments, Standard of Practice, Health Resources and Services Administration (HRSA)/Maternal and Child Health Bureau (MCHB), Sec. 501 of Title V of the Social Security Act, MCHB Performance Indicator).*

Indicator 3.2

Indicator 3.2

LHD CSHCS shall have written policies and procedures in accordance with CSHCS published policy that are reviewed annually and updated as needed regarding local CSHCS program functions.

This indicator may be met by:

There shall be evidence of written policies and procedures (electronic or hard-copy) that stipulate local procedures in accordance with current CSHCS published policy. NOTE: the list that follows includes the minimum, required written policies and procedures. Greater detail is included within each specified minimum program requirement throughout this document. There shall be evidence that the written policies and procedures are reviewed annually and updated as necessary and include at a minimum:

Indicator 3.2 cont'd

1. staff training of new and on-going employees. (Indicator 1.3)
2. use of the CSHCS On-Line data-base to securely manage CSHCS PHI and effectively and efficiently coordinate care. (Indicator 2.1)
3. use of the designated electronic data system for secure sharing of CSHCS PHI to carry out daily functions. (Indicator 2.2)
4. HIPAA compliant use of the CSHCS On-Line database. (Indicator 2.4)
5. how families are offered a private location for exchange of confidential information with the LHD CSHCS staff. (Indicator 2.5)
6. how the LHD CSHCS staff use the most current Guidance Manual. (Indicator 3.1)
7. how and when family input is obtained. (Indicator 3.3)

Indicator 3.2 cont'd

8. CSHCS rights and responsibilities and how clients/families are informed of their rights and responsibilities and when. (Indicator 3.4)
9. how the data, required for the November 15th annual report is collected, compiled, submitted by the specified date. (Indicator 3.5)
10. how outreach to families and the community is conducted. (Indicator 4.1)
11. how and what outreach materials are disseminated to families and the community. (Indicator 4.1)
12. referral process including information about available community resources for LHD clients with special health care needs but not enrolled in CSHCS. (Indicator 4.2)
13. how/when diagnostic evaluations are issued and documented. (Indicator 4.3)
14. how/when families are informed and/or referred to the Family Center, Family Phone Line and Family Support Network as appropriate. (Indicator 4.4)
15. how assistance is provided to families who are referred or who contact the LHD directly in completion of the CSHCS application process and/or forms. (Indicator 5.1)
16. the manner in which families who have not returned the CSHCS application within 30 days of invitation are located, how the ones who are located are contacted, the number of attempts made when contacting families, the process by which assistance is offered and how these attempted and successful contacts are documented. (Indicator 5.2)
17. how the LHD CSHCS program follows up with those with a temporary eligibility period (TEP). (Indicator 5.3)
18. how assistance is provided to families in applying for other programs. (Indicator 5.4)
19. the process for the contact at initial enrollment (who, what and when) including but not limited to general CSHCS program information and a description of CSHCS benefits applicable to the current client/family circumstances, as well as other related programs/benefits. (Indicator 6.1)

Indicator 3.2 cont'd

20. the process for annual contact (who, what and when) which includes at a minimum, updated information about the CSHCS program, benefits, assessment of client/family needs and collection of updated client/family information. (Indicator 6.1)
21. how assistance is provided to enrolled clients/families addressing their care and services needs. (Indicator 6.2)
22. how assistance is provided to CSHCS clients who are aging-out of CSHCS and enrolling/transitioning in a MHP. (Indicator 6.3)
23. how assistance is provided to clients who are nearing identified transition ages. (Indicator 6.4)
24. how assistance is provided to clients/families in need of in-state transportation. (Indicator 6.5)
25. how in-state transportation is authorized for clients/families in accordance with CSHCS published policy and LHD Guidance Manual. (Indicator 6.5)
26. how assistance is provided to clients/families in need of out-of-state care and out-of-state transportation. (Indicator 6.6)
27. how Level I and Level II care coordination services are provided to clients/families when needed. (Indicator 6.7)
28. how case management services are made available to clients/families when needed. (Indicator 6.7)

Indicator 3.3

Indicator 3.3

LHD CSHCS shall facilitate the direct participation of families in the local CSHCS program development, evaluation and policy formation, at least annually.

This indicator may be met by:

There shall be evidence of recruitment of family involvement for input, feedback and recommendations regarding possible improvements to the overall local CSHCS program.

Indicator 3.4

Indicator 3.4

LHD CSHCS shall inform families of their rights and responsibilities in the CSHCS program and must include at a minimum the information contained in the CSHCS model found in the Guidance Manual.

This indicator may be met by:

There shall be evidence that families have been informed of their rights and responsibilities regarding the CSHCS program.

Reoccurring MPR issues

MPR 4

The local health department CSHCS program shall provide outreach, case-finding, program representation and referral services to CYSHCN/families in a family-centered manner and to community providers.

Reference: MCHB Performance Measures, Michigan Public Health Code, 333.5805 (1) a.

Indicator 4.2

Indicator 4.2

LHD CSHCS shall refer CYSHCN and CSHCS clients to other needed services/programs.

This indicator may be met by:

There shall be evidence of referral procedures and practices for families of CYSHCN and those enrolled in the CSHCS program.

Accreditation Process

- All health departments will be accredited upon going through accreditation process and successfully completing your Corrective Plans of Action (CPAs)
- One year from on-site review to work on CPAs
- 1st draft of CPA due 30 days after on-site review

Thank You!

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<http://www.accreditation.localhealth.net/index.htm>