

SITE REVIEW PROTOCOLS

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
<p><u>A. CONSUMER INVOLVEMENT</u> <u>(Medicaid Managed Specialty Services and Supports Contract, Consumerism Practice Guideline Attachment P 6.8.2.3.)</u></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><u>B. SERVICES 1. GENERAL</u> <u>(Medicaid Managed Specialty Supports and Services Contract, Part II, Statement of Work, Section 2.0 Supports and Services)</u></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><u>B.2. Peer Delivered & Operated Drop In Centers</u></p>			
<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>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>			

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<p>B.2.3. The Drop In Center is located at a non-CMH site.</p> <p>(Medicaid Provider Manual, Mental Health/Substance Abuse, 17.3.H.2.)</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><u>B.3. HOME BASED</u></p> <p><u>(Medicaid Provider Manual, Mental Health and Substance Abuse Services, Section 7)</u></p>			
<p>B.3.1. <u>Eligibility/Target population:</u> Families receiving home-based services meet the eligibility requirements established in the Medicaid Provider Manual.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.2</p>			
<p>B.3.2. <u>Structure/Organization:</u></p> <p>Responsibility for directing, coordinating, and supervising the staff/program must be assigned to a specific staff position.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1</p>			
<p>B.3.3. <u>Staffing:</u></p> <p>The worker-to-family ratio meets the requirements established in the Medicaid Provider Manual.</p> <p>Medicaid Provider Manual, Mental Health and</p>			

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Substance Abuse Services Chapter, Section 7.1			
<p>B.3.4. <u>Presence in Family-Centered Plan:</u></p> <p>Services provided by home based service assistants must be clearly identified in the family-centered IPOS.</p>			
<p>B.3.5. A minimum of 4 hours of individual and/or family face-to-face home-based services per month are provided by the primary home-based services worker (or, if appropriate, the evidence-based practice therapist).</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1</p>			
<p>B.3.6. Home based services are provided in the family home or community.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1</p>			
<p>B.3.7. Adequate collateral contacts are provided to implement the plan of service.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1</p>			

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<p><u>B.4. ASSERTIVE COMMUNITY TREATMENT</u> <u>(Medicaid Provider Manual, Mental Health/Substance Abuse, Section 4 - Assertive Community Treatment Program)</u></p> <p><u>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4</u></p>			
<p>B.4.1. The program has been approved by DCH to provide Assertive Community Treatment services.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4.1</p>			
<p>B.4.2. Eligibility/Target Population: Persons receiving ACT services meet the eligibility requirements established in the Medicaid Provider Manual.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4.2</p>			
<p>B.4.3. <u>Structure/Organization:</u></p> <p>ACT services are provided by all members of a:</p> <ul style="list-style-type: none"> • Mobile • Multi-interdisciplinary team. <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4.3</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>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4.3 and Section 13 – Targeted Case Management.</p>			

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<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>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4.3</p>			
<p>B.4.6. ACT team meetings are held daily and are attended by all staff members on duty.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4.3</p>			
<p>B.4.7. Physician meets with the ACT team on a frequent basis.</p> <p>Medicaid Provider Manual, MH/SA, Section 4.3- Assertive Community Treatment Program – Team Composition and Size.</p>			
<p>B.4.8. Meeting activities and documentation comply with Medicaid Provider Manual Requirements.</p> <p>Medicaid Provider Manual, MH/SA, Section 4.3 – Essential Elements</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>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4.3</p>			
<p>B.4.10. Team composition meets Medicaid Provider Manual requirements.</p>			

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<p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4.3</p>			
<p>B.4.11. Discharge is not prompted by cessation or control of symptoms alone, but is based on criteria that includes recovery and preference of consumer.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4.5</p>			
<p>B.4.12. 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.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4.4</p>			
<p><u>B.5. CLUBHOUSE PSYCHO-SOCIAL REHABILITATION PROGRAM</u> (Medicaid Provider Manual, Mental Health/Substance Abuse, Section 5.)</p>			
<p>B.5.1. Program is approved by DCH to provide Psycho-Social Rehabilitation Services.</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>B.5.3. <u>Structure/Organization:</u></p> <p>Members have access to the clubhouse during times other than the ordered day, including evenings, weekends, and all holidays.</p>			

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B.5.4. The program must have a schedule that identifies when program components occur.			
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.			
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.			
B.5.7. Members influence and shape program operations.			
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><u>B.6. CRISIS RESIDENTIAL SERVICES</u> <u>Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6.)</u></p>			
<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>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>			

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DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
B.6.3. Covered services include: psychiatric supervision; therapeutic support services; medication management/stabilization and education; behavioral services; and nursing services.			
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>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 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>B.6.5. <u>Staffing:</u></p> <p>Treatment services must be provided under supervision of a psychiatrist.</p>			
B.6.6. The IPOS for individuals receiving crisis residential services must be developed within 48 hours of admission.			
B.6.7. The IPOS 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.			
B.6.8. The IPOS 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.			

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B.6.9. 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.6.10. 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.			
<u>B.7. TARGETED CASE MANAGEMENT</u> (Medicaid Provider Manual, Mental Health/Substance Abuse, Section 13)			
B.7.1. <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.7.2. Persons must be provided a choice of available, qualified case management staff upon initial assignment and on an ongoing basis.			
B.7.3. The case manager completes an initial written comprehensive assessment and updates it as needed.			
B.7.4. The case record contains sufficient information to document the provision of case management services.			
B.7.5. The case manager determines if the services and supports have been delivered, and if they are adequate to meet the needs/wants of the beneficiary.			

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<p><u>B.8. PERSONAL CARE IN LICENSED RESIDENTIAL SETTINGS</u> (Medicaid Provider Manual, Mental Health/Substance Abuse, Section 11) Administrative Rule R330.1801-09 (as amended in 1995)</p>			
<p>B.8.1. <u>Structure/Organization:</u> The assessment of the individual’s need for personal care services uses a format that captures the required elements. R 330.2810 Medicaid Provider Manual, Section 11</p>			
<p>B.8.2. <u>Structure/Organization:</u> Personal care services are authorized by a physician or other healthcare professional. R 330.2810 Medicaid Provider Manual, Section 11</p>			
<p><u>B.9. INPATIENT PSYCHIATRIC HOSPITAL ADMISSION</u> (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>B.9.2. Disposition is completed within three hours.</p>			
<p>B.9.3. The PIHP is responsible for ensuring that discharge planning is completed in conjunction with hospital personnel.</p>			

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<p><u>B.10. INTENSIVE CRISIS STABILIZATION SERVICES</u> <u>(Medicaid Provider Manual, Mental Health/Substance Abuse, Section 9)</u></p>			
<p>B.10.1. <u>Eligibility:</u> 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>B.10.2. <u>Structure/Organization:</u> Intensive/Crisis stabilization services are intensive treatment interventions delivered by an intensive/crisis stabilization treatment team under psychiatric supervision.</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>B.10.4. Nursing services/consultation must be available.</p>			
<p>B.10.5. The IPOS for individuals receiving Intensive crisis stabilization services treatment plan must be developed within 48 hours.</p>			
<p>B.10.6. 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>			

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B.10.7. 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.10.8. 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.			
<p><u>B.11. CHILDREN’S WAIVER</u> <u>(Medicaid Provider Manual, Mental Health/Substance Abuse, Section 14 and Appendix)</u></p>			
<p><u>B.12. HABILITATION SUPPORTS WAIVER</u> <u>(Medicaid Provider Manual, Mental Health/Substance Abuse, Section 15)</u></p>			
B.12.1. If a Waiver enrollee receives Environmental Modifications or Equipment, the PIHP has implemented prior authorizations in accordance with their process.			
<p>B.12.2. Individual had an ability to choose among various waiver services. Medicaid Provider Manual, Section 15</p>			
<p>B.12.3. Individual had an ability to choose their providers. Medicaid Provider Manual, Section 15</p>			
B.12.4. The IPOS for individuals enrolled in the HSW is updated within 365 days of their last IPOS.			

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<u>B.13. ADDITIONAL MENTAL HEALTH SERVICES [(b)(3)s]</u> <u>(Medicaid Provider Manual, Mental Health/Substance Abuse, Section 17)</u>			
B.13.1. <u>Goals:</u> <ul style="list-style-type: none"> • Community Inclusion and participation • Independence • Productivity 			
B.13.2.1. <u>Supports and Services</u> <ul style="list-style-type: none"> • Assistive Technology 			
B.13.2.2. Community Living Supports			
B.13.2.3. Enhanced Pharmacy			
B.13.2.4. Environmental Modifications			
B.13.2.5. Family Support and Training			
B.13.2.6. Housing Assistance			
B.13.2.7. Peer Delivered Or Operated			
B.13.2.8. Peer Specialist Services			
B.13.2.9. Drop-in Centers			
B.13.2.10. Prevention - Direct Service Models			
B.13.2.11. Respite Care Services			

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B.13.2.12. Skill Building Assistance			
B.13.2.13. Support and Service Coordination			
B.13.2.14. Supported /Integrated Employment Services			
B.13.2.15. Wraparound Services For Children And Adolescents			
B.13.2.16. Fiscal Intermediary Services			
B.13.3.1. Sub-Acute Detoxification			
B.13.3.2. Residential Treatment			
<p><u>B.14. JAIL DIVERSION</u> <u>Adult Jail Diversion Policy Practice Guideline of February 2005 - Contract Attachment P.6.8.4.1.</u> <u>R 330.2810</u> <u>Michigan Mental Health Code, 1995, Act 290</u></p>			
B.14. The PIHP is responsible for ensuring that each CMHSP within its provider network:			
<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>			
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.			

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<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>MDCH/CMHSP Managed Mental Health Supports and Services Amendment #1</p>			
<p>B.14.4. establishes regular meetings among the police/sheriffs, court personnel, prosecuting attorney, judges, and CMHSP representatives.</p>			
<p>B.14.5. provides cross training for and actively promotes attendance of law enforcement and mental health personnel on the pre-booking and post-booking jail diversion program.</p>			
<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 Contract, Section 6.5.1 & 6.5.2</p>			
<p><u>B.15. SUBSTANCE ABUSE ACCESS & TREATMENT</u> <u>(Medicaid Managed Specialty Supports and Services Contract, Statement of Work, Section 2 Supports and Services, Section 3 Access Assurance)</u></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>B.15.2. The PIHP is responsible for coordination with substance abuse treatment providers when appropriate.</p>			

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B.15.3. The PIHP ensures that the required continuum of substance abuse rehabilitative services is available.			
B.15.4. The PIHP has sufficient capacity to meet demands for substance abuse services.			
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.			
B.15.6. The PIHP has effective methods for assuring that substance abuse treatment is based on the development of an individualized treatment plan.			
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>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>MHC 712</p> <p>Chapter III, Provider Assurances & Provider Requirements</p> <p>Attach. 4.7.1 Grievances and Appeals Technical Requirement.</p>			
C1.1 The individual plan of service adequately identifies the individual’s chosen or preferred outcomes.			
C.1.2 Services and supports identified in the			

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individual plan of service assist the individual in pursuing outcomes consistent with their preferences and goals.			
C.1.3. Family driven and youth guided supports and services are provided for minor children.			
C.1.4. 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.1.5. The Person-Centered Planning Process is used to modify the individual plan of service in response to changes in the individual’s preferences or needs.			
C.1.6. The person-centered planning process builds upon the individual’s capacity to engage in activities that promote community life. MCL 330.1701(g)			
C.1.7. Person-centered planning addressed natural supports.			
C.1.8. Person-centered planning addressed health and safety.			
C.2. PLAN OF SERVICE AND DOCUMENTATION REQUIREMENTS			
C.2.1. The individual plan of service identifies the roles and responsibilities of the individual, the supports coordinator or case manager, the allies, and providers in implementing the plan. Medicaid Managed Specialty Services and Supports Contract, Attachment P 3.4.1.1. Person-Centered			

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Planning Practice Guideline			
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 IPOS identifies available conflict resolution processes.			
C.2.4. Services and treatment identified in the IPOS are provided as specified in the plan.			
<p><u>C.3. IMPLEMENTATION OF ARRANGEMENTS THAT SUPPORT SELF-DETERMINATION</u></p> <p><u>Medicaid Managed Specialty Services and Supports Contract, Attachment 3.4.4 Self-Determination Practice Guideline (SD P&PG).</u></p> <p><u>Attachment _____ Choice Voucher System Technical Advisory</u></p> <p><u>Medicaid Provider Manual, Provider Assurances & Provider Requirements</u></p> <p><u>Attachment 4.7.1 Grievances and Appeals Technical Requirement.</u></p> <p><u>MDCH Administrative Hearings Policy and Procedures dated 9/1/99.</u></p> <p><u>Technical Requirements in 42CFR on Grievance and Appeals.</u></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>			
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.			

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SD P&PG, Policy § I.C.			
<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>C.3.4. Each individual participating in arrangements that support self-determination has a Self-Determination Agreement that complies with the requirements.</p> <p>SD P&PG, Policy § II.E</p>			
<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>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; Medicaid Provider Manual, MH/SA, § 17.3.O.</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>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>			

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SD P&PG, Policy § II.5.			
<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><u>D. ADMINISTRATIVE SERVICE FUNCTIONS</u></p> <p><u>1. PROVIDER NETWORKS</u></p> <p><u>(Medicaid Managed Specialty Supports and Services contract, Section 6.4; AFP Section 3.8, 4.0)</u></p>			
<p>D.1.1. The PIHP has policies and procedures for managing their provider network.</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>D.1.2. The PIHP has adopted common policies for use throughout the 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>D.1.3. 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>			

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<p>Medicaid Managed Specialty Supports and Services contract, Section 6.4;</p> <p>AFP Sections 2.5, 3.8, 3.1.8</p>			
<p>D.1.4. 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 contract, Section 6.4;</p> <p>AFP Section 3.8, Regulatory Oversight and Management</p>			
<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>D.1.5. 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>			

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<p><u>D. ADMINISTRATIVE FUNCTIONS</u> <u>2. QUALITY IMPROVEMENT</u> (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. (MA contract, Amendment # 3, P6.5.1.1, Final 10-1-05 amendment)</p>			
<p>D.2.2. The PIHP has a process for ensuring that other non-sentinel event incidents are properly reported and followed up. (Medicaid Managed Specialty Services and Supports Contract, Part Two: Statement of Work, Section 6.1.1., and Attachment P 6.5.1.1 Reporting Requirements)</p>			
<p><u>D. ADMINISTRATIVE FUNCTIONS</u> <u>3. HEALTH & SAFETY</u> (Medicaid Managed Specialty Services and Supports Contract, Attachment P 3.4.1.1; 4c CFR 438.208) <u>Administrative rule Section 3(9) of Act 218 P.A. 1979, as amended</u></p>			
<p>D.3.1. The PIHP has organizational processes for addressing health and safety 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</p>			
<p>D.3.2. Organizational process for monitoring medications.</p>			

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R 330.1719 R 330.2813 R 330.7158			
<p><u>D. Administrative Functions</u> <u>4. ACCESS STANDARDS</u> <u>Medicaid Managed Specialty Services and Supports</u> <u>Contract, Attachment P 3.3.1.1</u></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 geographic region. Contract, Attachment P 3.3.1.1, Standard I.a.</p>			
<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. Contract, Attachment P 3.3.1.1, Standard I.a.</p>			
<p>D.4.3. Access centers/units in the service area routinely screen and assess for co-occurring disorders. (AFP 3.8.4.)</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. (AFP 3.1.3.)</p>			
<p>D.4.5. The Access System is available 24 hours a day, seven days per week. Contract, Attachment P 3.3.1.1, Standard I.b.</p>			

SITE REVIEW PROTOCOLS

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
<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>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>			
<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>			
<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>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>Contract, Attachment P 3.3.1.1, Standard I.e.</p>			
<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.</p> <p>Contract, Attachment P 3.3.1.1, Standard I.f.</p>			

SITE REVIEW PROTOCOLS

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
D.4.13. The PIHP provides notice of rights to a second opinion in the case of denials.			
D.4.14. The PIHP provides or refers and links individuals who are denied inpatient psychiatric hospitalization services to alternative services.			
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. Contract, Attachment P 3.3.1.1, Standard II.c.			
D.4.16. 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.4.17. 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. Contract, Attachment P 3.3.1.1, Standard VIII.b.ii.			
D.4.18. The PIHP's medical director is involved in the review and oversight of Access System policies and clinical practices. Contract, Attachment P 3.3.1.1, Standard VIII.c.i.			
D.4.19. 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.			

SITE REVIEW PROTOCOLS

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
<p><u>D. ADMINISTRATIVE FUNCTIONS</u> <u>5. BEHAVIOR TREATMENT PLANS AND REVIEW COMMITTEES</u> <u>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</u></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. Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>			
<p>D.5.2. The composition of the Committee complies with the Technical Requirement. Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>			
<p>D.5.3. The Committee maintains meeting minutes that comply with the Technical Requirement. Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>			
<p>D.5.4. When there is a need for a behavior treatment plan, it is developed through a person-centered planning process.</p>			
<p>D.5.6. Written special consent is obtained before the behavior treatment plan is implemented.</p>			
<p>D.5.7. 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. Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>			

SITE REVIEW PROTOCOLS

DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
<p>D.5.8. The Committee expeditiously reviews all behavior treatment plans proposing to use intrusive or restrictive techniques and approves or disapproves their use.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>			
<p>D.5.9. 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>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>			
<p>D.5.10. The Committee reviews the continuing need for any approved procedures involving intrusive or restrictive techniques at least quarterly.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>			
<p>D.5.11. 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.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>			
<p>D.5.12. 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.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>			
<p>D.5.13. Data on the use of intrusive and restrictive</p>			

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DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
<p>techniques is evaluated by the PIHP's Quality Assessment and Performance Improvement Program (QAPI) or the CMHSP's QIP.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>			
<p>D.5.14. The Committee analyzes data on the use of physical management and the involvement of law enforcement for emergencies on a quarterly basis.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>			
<p>D.5.15. Behavioral intervention related injuries requiring emergency medical treatment or hospitalization and deaths are reported to the Department via the event reporting system.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>			
<p><u>D.6. COORDINATION</u> <u>(Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work; 42 CFR 438.208)</u></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>D.6.2. The PIHP coordinates and collaborates with other required local human services agencies.</p>			

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DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
<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>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>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>			

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DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
<p>Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work;</p> <p>42 CFR 438.208</p> <p>AFP Section 3.10.6, 3.10.8</p>			
<p><u>E.1 STAFF QUALIFICATIONS</u></p>			
<p>Psycho-Social Rehabilitation Programs</p> <p>E.1.1. The PSR program has an on-site clubhouse manager who meets the qualifications identified in the Medicaid Provider Manual.</p>			
<p>Crisis Residential Programs</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>Targeted Case Management</p> <p>E.1.3. Primary case manager must meet the criteria identified in the Medicaid Provider Manual.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 13.4. Staff Qualifications</p>			
<p>Intensive Crisis Stabilization Programs</p> <p>E.1.4. Professionals providing intensive crisis stabilization services must be a mental health care professional.</p>			

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DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
<p>Home-Based Services Programs</p> <p>E.1.5. Home-based services professional staff members are child mental health professionals.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1</p>			
<p>Home-Based Services Programs</p> <p>E.1.6. Professional home-based staff members for individuals with a developmental disability must be a QMRP and a child mental health professional.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1</p>			
<p>Habilitation Supports Waiver</p> <p>E.1.7. The PIHP ensures that Waiver service providers meet credentialing standards prior to being formally enrolled as part of the PIHP’s provider panel.</p>			
<p>Habilitation Supports Waiver</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>Habilitation Supports Waiver</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>			

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DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
<u>E.2 STAFF & PROGRAM SUPERVISION REQUIREMENTS</u>			
<p>Home-Based Services Programs</p> <p>E.2.1. The home-based program is supervised by a QMHP and Child Mental Health professional.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 1.7.</p>			
<p>Home-Based Services Programs</p> <p>E.2.2. Professional home-based services staff must receive weekly clinical supervision.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1</p>			
<p>Psycho-Social Rehabilitation Programs</p> <p>E.2.3. Non-professional staff in the PSR program work under the documented supervision of a qualified professional.</p>			
<p>Crisis Residential Programs</p> <p>E.2.4. 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>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 6.4.</p>			
<p>Personal Care Services</p> <p>E.2.5. Supervision of personal care services must be provided by a health care professional that meets the</p>			

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DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
<p>qualifications outlined in the Medicaid Provider Manual.</p> <p>R 330.2805</p> <p>R 330.2806</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 11</p>			
<p>Intensive Crisis Stabilization Services</p> <p>E.2.6. 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><u>E.3 STAFF TRAINING REQUIREMENTS</u></p>			
<p>Assertive Community Treatment</p> <p>E.3.1. All ACT team staff members are trained according to the Medicaid Provider Manual.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4</p>			
<p>Access Centers/Units</p> <p>E.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>Medicaid Managed Specialty Services and Supports Contract, Attachment P.3.1.1 Access Standards</p>			
<p>Targeted Case Management</p> <p>E.3.3. Case managers must be trained in compliance with Medicaid Provider Manual Requirements.</p>			

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DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
<p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 13.1</p>			
<p>Home-Based Services Programs</p> <p>E.3.4. Home-based assistants must be trained prior to beginning work with the beneficiary and family.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1</p>			
<p>Home-Based Services Programs</p> <p>E.3.5. Professional home-based services staff members, who are providing services to infants/toddlers (birth through age three) and their families, must be a child mental health professional and be trained in infant mental health interventions.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1</p>			
<p>E.3.6. The PIHP shall identify staff training needs and provide in-service training, continuing education, and staff development activities.</p> <p>(Medicaid Managed Specialty Supports and Services contract §6.2 (Training, Education, Experience and Licensing Requirements))</p> <p>(Medicaid Managed Specialty Supports and Services contract, Attachment P6.7.1.1 – QAPIP)</p>			

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DIMENSIONS/INDICATORS	SCORE	FINDINGS	REMEDIAL ACTION
<p>Cultural Competency (ongoing training to assure that staff are aware of, and able to effectively implement, cultural competency policy) (Medicaid Managed Specialty Supports and Services contract, Part II: Statement of Work, 3.0 Access Assurance section 3.4.2)</p> <p>Person-centered planning (Medicaid Managed Specialty Supports and Services contract: Attachment C 3.4.1.1 – Person-Centered Planning Guideline)</p> <p>Specialized Residential Settings (Administrative Rule R330.1806)</p> <p>Aides (Medicaid Provider Manual, Section 15.2.C)</p>			