

## DIVISION OF CHILD AND ADOESCENT HEALTH EXPANDING, ENHANCING EMOTIONAL HEALTH (E3) SITE REVIEW

Total Points:  /155

E3 SITE NAME:	DATE:
ADDRESS:	
SPONSORING AGENCY:	
CEO, HEALTH OFFICER OR EXECUTIVE DIRECTOR:	
COORDINATOR/MENTAL HEALTH SUPERVISOR:	
MENTAL HEALTH PROVIDER:	
MDHHS ADMINISTRATIVE REVIEWER:	
MDHHS MENTAL HEALTH REVIEWER (IF DIFFERENT THAN ADMINISTRATIVE REVIEWER):	
IS A SENTINEL CITATION INCLUDED IN THIS SITE REVIEW REPORT? IF YES, ADD COMMENTS BELOW:	

GENERAL INFORMATION	DOCUMENT PREPARATION PRIOR TO REVIEW
<p><u>PURPOSE OF THE REVIEW</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> To assure the E3 program is meeting or exceeding the Michigan Department of Health and Human Services Minimum Program Requirements for Enhancing, Expanding Emotional Health (E3) Programs, Request for Proposal and contract requirements, and providing quality services</li> <li><input type="checkbox"/> To provide a tier placement of the E3 program which guides subsequent timing of review and technical assistance and is factored into decisions on continuation of funding</li> <li><input type="checkbox"/> To assist in resolving any problems associated with administering the program</li> <li><input type="checkbox"/> To review and respond to agency concerns and questions</li> </ul> <p><u>PURPOSE OF THE PROGRAM:</u></p> <p>A major E3 goal is to provide a safe and caring place for all children and adolescents to learn positive health behaviors and coping mechanisms; and to receive needed support through mental health counseling. Services provided by a full-time mental health provider are designed specifically for children ages 5 through 21 years, and are aimed at achieving the best possible social and emotional health statuses.</p> <p>SCORING:</p> <p><u>Each criterion</u> in the site review tool is assigned a point value. The total score is used to determine the frequency of future site reviews and may be used in determining future funding allocations.</p> <p>Note: Best Practice criteria are used to guide the E3 in improvement in policy and practice, but are not assigned a point value and are not included in the final score.</p>	<p><b>The following items must be submitted to the MDHHS reviewer(s) one month prior to review:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed p. 5 from this site review tool</li> <li><input type="checkbox"/> Organizational chart</li> <li><input type="checkbox"/> Current Interagency Agreement, if applicable</li> <li><input type="checkbox"/> Job descriptions for each E3 staff</li> <li><input type="checkbox"/> Copy of current license</li> <li><input type="checkbox"/> Copy of specialty certifications (if applicable)</li> <li><input type="checkbox"/> Current supervision plan/evidence of logged supervision</li> <li><input type="checkbox"/> Copy of MOU/LOA for mental health supervisor, if applicable</li> <li><input type="checkbox"/> Personnel training log</li> <li><input type="checkbox"/> Identify EHR used</li> <li><input type="checkbox"/> Provide copies of forms/templates used in EHR</li> </ul> <p><i>Reviewers will review recent reports in the CAHC Clinical Reporting Tool (CRT) and will discuss any questions or concerns with the E3 Coordinator prior to the site review. Please ensure the most recent required reports are complete.</i></p> <p><i>Your reviewer contact information was included in this mailing. If you cannot locate this information, please contact the E3 Coordinator, Gina Zerka, at zerzag@michigan.gov or (517) 241-4765.</i></p>

Total Points:

STRUCTURE OF THE SITE REVIEW	DOCUMENT PREPARATION FOR SITE REVIEW
<p>The site review begins with an entrance interview with the MDHHS reviewer(s), E3 mental health provider, and other pertinent E3 and sponsoring agency staff. The entrance interview is typically brief, allowing time for an overview of the site review process and for questions from E3 staff.</p> <p>Reviewers work independently over the course of the review, but typically request a 15-minute meeting with the coordinator/supervisor, mental health provider or other staff mid-morning on each day of the review to ask questions to verify findings or observations; and to request any missing documentation. The reviewers need a small, private space to review documents and to intermittently discuss findings. Reviewers tour the E3 space to make environmental observations, observe client flow, and examine waiting, reception, office, education and storage areas.</p> <p>The reviewer will walk through the processes of visit documentation and billing, including at least one visit for services sought under minor consent (if applicable). The mental health reviewer will review a random selection of client records. The mental health reviewer will shadow the provider (minimum of two to three visits) upon verbal consent of the client. This allows opportunity to assess comprehensiveness and quality of service delivery and provide feedback to providers. Both the record review and client observation are allowable under HIPAA and MDHHS regulations.</p> <p>On the last day of the review, the reviewers meet independently to discuss findings to be presented at the exit interview. The exit interview usually starts by 2:00 p.m. on the last day of the review and should include all staff present at the entrance interview. The exit interview typically lasts one hour. A written report of findings, required actions to bring the E3 into compliance and suggestions for improvement is issued after the review.</p>	<p><b>The following items must be available for review; other items may be requested by reviewers:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed p. 5 from this tool</li> <li><input type="checkbox"/> Current interagency agreement, if applicable</li> <li><input type="checkbox"/> Organizational chart</li> <li><input type="checkbox"/> Job description for each staff</li> <li><input type="checkbox"/> Copy of current license</li> <li><input type="checkbox"/> E3 program brochure</li> <li><input type="checkbox"/> E3 program consent forms</li> <li><input type="checkbox"/> Release of information forms</li> <li><input type="checkbox"/> E3 policy and procedures manual</li> <li><input type="checkbox"/> School administration and school board approvals</li> <li><input type="checkbox"/> Staff schedule, after-hours and weekend care plan</li> <li><input type="checkbox"/> Appointment schedule</li> <li><input type="checkbox"/> Patient Bill of Rights (posted)</li> <li><input type="checkbox"/> Current referral agreements</li> <li><input type="checkbox"/> Client satisfaction survey and results of surveys for last two years</li> <li><input type="checkbox"/> Continuous Quality Improvement documentation (meetings and process results)</li> <li><input type="checkbox"/> Staff performance evaluation forms</li> <li><input type="checkbox"/> Staff meeting minutes</li> <li><input type="checkbox"/> Crisis response plans</li> <li><input type="checkbox"/> Access to client records, supply, storage areas</li> <li><input type="checkbox"/> Sliding fee scale</li> <li><input type="checkbox"/> Remittance advice/accounting reports or ledger</li> <li><input type="checkbox"/> Billing records for previous three months</li> <li><input type="checkbox"/> Client education materials</li> <li><input type="checkbox"/> If provided, documentation of ancillary service provision to school/students e.g., treatment groups, school staff training/professional development; building-level promotion/school climate initiatives; classroom education; and/or case management activities.</li> </ul>

Total Points:

<b>PROGRAM STRENGTHS</b>	<b>AREAS REQUIRING CHANGE</b>	
	<i>Page</i>	<i>Citation</i>
<b>SUGGESTIONS FOR IMPROVEMENT</b>	<b>CONSULTANT FOLLOW-UP NOTES</b>	

Total Points:

Availability and Access to Services Review												
	E3 LOCATION 1			E3 LOCATION 2								
School name:												
Date E3 originally opened												
Total school enrollment												
Unduplicated user number as of last fiscal year												
Days open (check all that apply)	M	T	W	Th	F	S	M	T	W	Th	F	S
Number hours open per week												
Summer hours												
Capacity: Walk-ins												
Capacity: Appointments												
	E3 LOCATION 1			E3 LOCATION 2								
Provider Type	NAME		FTE	NAME		FTE						
Coordinator												
Mental Health Supervisor												
Clerical/Reception												
Mental Health Provider												
Other (Health Educator etc.):												

Total Points:

Section 1: Administrative Review		
A. Eligibility	Points	Comments
<b>1. Services are provided to children and adolescents ages 5 to 21, as appropriate.</b>  <b>(Element definition of MPR)</b>  Indicators: <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures</li> <li>➤ Consent Form</li> <li>➤ Brochure</li> <li>➤ Other</li> </ul>		
<b>2. If services are offered to adult population over age 21, services do not breach the confidentiality of youth by being offered at hours separate from hours when youth are served.</b>  <b>(Element definition of MPR and MPR #6)</b>  Indicators: <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures</li> <li>➤ Brochure</li> <li>➤ Evidence of separate hours e.g., appointment time blocks, signage</li> <li>➤ Clinical references for adults</li> <li>➤ Other</li> </ul>	<i>Separate service hours for adults and youth are maintained:</i>	
<b>3. The program has a non-discrimination policy; services are offered without regard to sex, race, religion or sexual orientation.</b>  <b>(Best Practice)</b>  Indicators: <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures</li> <li>➤ Consent Form</li> <li>➤ Brochures</li> <li>➤ Other</li> </ul>		
<b>Eligibility Subtotal</b>		<b>/ 5 possible points</b>

Total Points:

<b>B. Access to Care</b>	<b>Points</b>	<b>Comments</b>
<p><b>1. The E3 site shall be located in a school building.</b></p> <p><b>(Element definition of MPR, State School Aid Act, 31n funding)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Observation of accessibility e.g., in school building</li> </ul>		
<p><b>2. The E3 site shall be open during hours accessible to the target population, and provision must be in place for the same services to be delivered during times when school is not in session. “Not in session” refers to times of the year when schools are closed for extended periods such as holidays, spring break and summer vacation.</b></p> <p><b>(MPR #11)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Brochure/signage with hours listed</li> <li>➤ Evidence of service provision when school is not in session e.g., appointment schedule and visit records during holiday/break times, p.m. hours</li> <li>➤ If summer hours differ, MDHHS approval exists</li> </ul>	<p><i>Accessible Hours (includes hours of operation during times when school is not in session) as evidenced by appointment schedule, visit records:</i></p> <p><i>If summer hours differ from school year, evidence of MDDHS approval exist; or not applicable because summer hours remain constant:</i></p>	
<p><b>3. The E3 site shall designate specific hours for services to be provided to adolescents only (when the site serves both children aged 5 to 10 and adolescents). A policy shall exist to this effect. These provisions shall be posted and explained to clients.</b></p> <p><b>(Element definition of MPR)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures</li> <li>➤ Brochure/signage with hours specified</li> <li>➤ Evidence of time blocked for service provision to adolescents only (e.g., appointment schedule and visit records)</li> <li>➤ Observation</li> </ul>	<p><i>Adolescent-only hours are maintained as evidenced by policy and procedures:</i></p> <p><i>Adolescent-only hours are maintained as evidenced by appointment schedule, visit records</i></p> <p><i>Staff observed explaining policy to clients</i></p>	
<p><b>4. The E3 site shall provide clinical services a minimum of five days per week. Total mental health provider time must be full-time equivalent.</b></p> <p><b>(Element definition of MPR)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Staff schedule</li> <li>➤ Appointment Schedule</li> </ul>	<p><i>Mental health provider time meets the requirements of 5 days per week:</i></p> <p><i>Mental health provider time meets the requirement of full-time equivalent:</i></p>	

Total Points:

<p><b>5. Hours of operation must be posted in areas frequented by the target population.</b></p> <p><b>(MPR #11)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"><li>➤ Posted schedule of hours</li></ul>		
<p><b>6. The E3 site shall have a written plan for after-hours and weekend care, which shall be posted at the site, including external doors, and explained to clients. An after-hours answering service and/or voicemail with instructions on accessing after-hours mental health care is required.</b></p> <p><b>(MPR #11)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"><li>➤ Policy &amp; Procedures</li><li>➤ Posted document</li><li>➤ Voicemail message/answering service</li><li>➤ Observation</li><li>➤ Interview question</li></ul>	<p><i>Plan is posted:</i></p> <p><i>Plan explained to clients:</i></p> <p><i>Instructions for accessing care included on after-hours message. (Reviewer verifies by calling after hours):</i></p>	
<p><b>7. Language assistance is offered to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all E3 services.</b></p> <p><b>(CLAS Standards - Title VI of Civil Rights Act)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"><li>➤ Policy &amp; Procedures</li><li>➤ Observation</li><li>➤ Other</li></ul>		
<p><b>8. Walk-in services are available.</b></p> <p><b>(Best Practice)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"><li>➤ Policy &amp; Procedures</li><li>➤ Appointment schedule</li><li>➤ Observation</li></ul>		
<b>Access to Care Subtotal</b>		<b>/ 20 possible points</b>



C. Facility Environment	Points	Comments
<p><b>1. A Patient Bill of Rights is posted and distributed to clients.</b></p> <p><b>(Patient Self-Determination Act of 1990)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures</li> <li>➤ Observation</li> <li>➤ Interview question</li> <li>➤ Other</li> </ul>	<p><i>Bill of Rights is posted:</i></p> <p><i>Bill of Rights is available for distribution to clients:</i></p> <p><i>Bill of Rights is written in youth-friendly language and/or explained to clients:</i></p>	
<p><b>2. The physical facility must be barrier-free, clean and safe.</b></p> <p><b>(MPR #17)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Observation</li> <li>➤ Accessible halls, toilets, sinks</li> <li>➤ Wheelchair ramps</li> <li>➤ Parking for the disabled</li> </ul>		
<p><b>3. Passages, corridors, doorways and other means of exit are kept clear and unobstructed.</b></p> <p><b>(MPR #17)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Observation</li> </ul>		
<p><b>4. The waiting area and therapy rooms are comfortable, well-lighted, well-ventilated and age-appropriate.</b></p> <p><b>(Best Practice)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Observation</li> </ul>		
<p><b>5. Site-specific building emergency instructions, including telephone numbers, are posted. A plan for emergency situations is readily accessible, reviewed and updated regularly for emergencies such as power failure, fire, natural disaster and weapons on-site. Exits are clearly marked with escape routes posted.</b></p> <p><b>(Best Practice)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures</li> <li>➤ Observation of marked escape route/exits</li> </ul>		
<p><b>Facility Environment Subtotal</b></p>		<p><b>/ 7 possible points</b></p>

Total Points:

D. Needs of School/Students & Client Satisfaction	Points	Comments
<p><b>1. The E3 program may provide services (other than therapy) that are reflective of the needs of the school and relevant to mental health, including: treatment groups, school staff training/professional development, school climate initiatives, classroom education and/or case management.</b></p> <p><b>(OPTIONAL/Best Practice for additional services under MPR #2)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Data sources used to determine need</li> <li>➤ Services related to needs are offered &amp; documented by the E3 program</li> </ul> <p><i>For treatment groups, see: Section 2, Mental Health Review, E. Process for Treatment &amp; Intervention Groups, when provided (p.22)</i></p>	<p><i>School staff training/professional development relative to MH need is documented:</i></p> <p><i>School climate initiatives relevant to MH need is documented:</i></p> <p><i>Classroom education relevant to MH need is documented:</i></p> <p><i>Case management services to &amp; partnerships with other agencies is based on need and provided with appropriate documentation:</i></p>	
<p><b>2. A client satisfaction survey has been conducted, at a minimum, annually.</b></p> <p><b>(MPR #15)</b></p> <p>Note: includes mental health</p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Copy of age-appropriate survey tool</li> <li>➤ Copy of survey results</li> <li>➤ Corrective action plan, if applicable</li> <li>➤ Adequate number surveyed based on unduplicated user number</li> </ul>	<p><i>Copy of age-appropriate survey tool:</i></p> <p><i>Copy of last two tabulated survey results, showing administration 1x per year:</i></p> <p><i>Copy of corrective action plan</i></p> <p><i>Adequate number of youth surveyed based on unduplicated user number (10% of clients seen in review period surveyed):</i></p>	
<p><b>Needs of School/Students &amp; Client Satisfaction Subtotal</b></p>		<p><b>/ 5 possible points</b></p>

Total Points:

E. Organization and Function	Points	Comments
<p><b>1. A current, signed interagency agreement (e.g., MOU) that defines roles and responsibilities of each party exists between the sponsoring agency and the school district. This agreement must include a plan for transfer of clients if the agreement discontinues.</b></p> <p><b>(MPR #12)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Agreement which defines roles and responsibilities of each party</li> <li>➤ Agreement is current</li> <li>➤ Agreement has appropriate signatures</li> <li>➤ Agreement includes a plan for transfer of clients</li> </ul>	<p><i>Interagency agreement defines roles and responsibilities of each party:</i></p> <p><i>Interagency agreement is current:</i></p> <p><i>Appropriate parties have signed:</i></p> <p><i>Interagency Agreement outlines provisions for transfer of clients:</i></p>	
<p><b>2. Written approval by the school administration (e.g., school principal, Superintendent) <u>and</u> school board exists for the following:</b></p> <ul style="list-style-type: none"> <li>○ Location of E3 within the school building</li> <li>○ Parental and minor consent policies</li> <li>○ Services rendered in the E3 site</li> </ul> <p><b>(MPR #12)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Evidence of approval that is signed by appropriate parties (e.g., letter, agreement) or meeting minutes, etc.</li> </ul>	<p><i>Location of E3 program:</i></p> <p><i>Parent &amp; minor consent policies:</i></p> <p><i>Services rendered in the E3 program:</i></p>	
<p><b>3. E3 program is managed so as to support E3 staff:</b></p> <p><b>Current organizational chart reflects clear lines of authority and includes all E3 staff; evaluation of E3 staff occurs at least once annually with clear performance measures; and meetings are held as needed to support E3 staff within the fiduciary organization.</b></p> <p><b>(Best Practice)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Organizational chart</li> <li>➤ Staff evaluation policy &amp; procedures</li> <li>➤ Staff evaluation/performance review form</li> <li>➤ Meeting agendas/minutes</li> </ul>	<p><i>Organizational chart reflects current, clear lines of authority:</i></p> <p><i>Evidence of annual staff evaluation (performance review) exists:</i></p> <p><i>Agendas and/or minutes show evidence of meetings:</i></p>	

**Organization & Function Subtotal**

**/ 12 possible points**

Total Points:

F. Policies & Procedures	Points	Comments
<p><b>1. The E3 program shall not provide abortion counseling, services or make referrals for abortion services.</b></p> <p><b>(MPR #7 and State School Aid, Act 94 of 1979, as amended)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures</li> <li>➤ Client records reflect compliance with policy</li> </ul>		
<p><b>2. The E3 program shall not prescribe, dispense or otherwise distribute family planning drugs or devices.</b></p> <p><b>(MPR #8, School Code, Act 451 of 1976 and State School Aid Act, Act 94 of 1979, as amended)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures</li> <li>➤ Client records reflect compliance with policy</li> </ul>		
<p><b>3. The E3 program shall have approved policy and procedures for the following areas at a minimum:</b></p> <ul style="list-style-type: none"> <li>○ Parent and minor consent (in accordance with applicable minor consent law and/or practice)</li> <li>○ Request for release of medical records and release of information that include the role of the non-custodial parent and parent with joint custody</li> <li>○ Confidential services as allowed by state and/or federal law and/or practice</li> <li>○ Disclosure by clients or evidence of child physical or sexual abuse or neglect</li> </ul> <p><b>(MPR #14 and MPR #16)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures</li> <li>➤ Evidence of policy and procedures approval</li> </ul>	<p><i>E3 program has approved policy and procedures for:</i></p> <p><i>Consent(s) that complies with minor consent laws/practice:</i></p> <p><i>Request for release of medical records and release of information that include the role of the non-custodial parent and parent with joint custody:</i></p> <p><i>Confidential services that complies with minor consent laws/practice:</i></p> <p><i>Disclosure by clients or evidence of child physical abuse or sexual abuse or neglect:</i></p>	
<p><b>Policies &amp; Procedures Subtotal</b></p>		<p><b>/ 14 possible points</b></p>

Total Points:

G. Fiscal Operations	Points	Comments
<p><b>1. There is a method for determining and obtaining information on insurance coverage and Medicaid eligibility.</b></p> <p><b>(MPR #13 and MSA Bulletin 04-13)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures</li> <li>➤ Consent form</li> <li>➤ Verification staff have received Medicaid online enrollment training</li> <li>➤ Other</li> </ul>		
<p><b>2. The E3 program shall establish and implement a sliding fee scale which is not a barrier to health care the population served. Clients must not be denied service based on their inability to pay (e.g., including income, insurance status, outstanding balances). E3 funding may be used to offset outstanding balances to avoid collection notices and/or referrals to collection agencies for payment.</b></p> <p><b>(MPR #13)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures</li> <li>➤ Sliding fee scale</li> <li>➤ Billing documentation</li> </ul>	<p><i>Policy stating services will not be denied for lack of payment:</i></p> <p><i>Sliding fee scale which is not a barrier to care (e.g., based on adolescent income/set to zero pay for adolescents)</i></p> <p><i>Evidence that outstanding balances are offset by E3 funds e.g., in policy, billing documentation:</i></p>	
<p><b>3. Parents/guardians of minors that consent to treatment for mental health services as allowable under Michigan law shall not be liable for cost of services received by the minor.</b></p> <p><b>(Mental Health Code: Act 258 of 1974 and Public Health Code: Act 368 of 1978, as amended)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures</li> <li>➤ Billing documentation</li> <li>➤ Other</li> </ul>		
<p><b>4. A process is in place for billing Medicaid, Medicaid Health Plans and other third party payers.</b></p> <p><b>(MPR #13)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures</li> <li>➤ Billing documentation e.g., billing records in previous three months</li> <li>➤ Evidence of follow-up on rejected claims</li> <li>➤ Billing / financial reports</li> </ul>	<p><i>Policy and procedures for E3 billing:</i></p> <p><i>Billing record documentation showing claims submitted for payment:</i></p> <p><i>Billing/financial reports showing amount of claims submitted for E3 services and status of claims:</i></p>	

Total Points:

<p><b>5. The billing and fee collection processes do not breach the confidentiality of the client.</b></p> <p><b>(MPR #6 and HIPAA)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures</li> <li>➤ EHR/billing record documentation</li> </ul>		
<p><b>6. Revenue generated from the E3 program must be used to support E3 operations and programming.</b></p> <p><b>(MPR #13)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures</li> <li>➤ Budget</li> <li>➤ Financial Status Report</li> <li>➤ Remittance advice</li> <li>➤ Accounting reports (e.g., ledger)</li> </ul>	<p><i>Policy and procedures describing how revenue generated by E3 is returned to the E3 program account:</i></p> <p><i>Budget documents show return of billing revenue to the E3 program account:</i></p> <p><i>Financial Status Report documents return of revenue to the E3 program:</i></p> <p><i>Remittance advice shows return of revenue to the E3 program:</i></p> <p><i>Accounting reports (e.g., ledger) shows return of revenue to the E3 program account:</i></p>	
<p><b>7. The most recent Financial Status Report follows the approved budget and line items do not exceed the cost deviation allowance.</b></p> <p><b>(MDHHS RFP and CAHC/E3 Contract)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Budget</li> <li>➤ Financial Status Report</li> </ul>	<p><i>Financial Status Report follows the approved budget:</i></p> <p><i>No items on the Financial Status Report exceed the cost deviation allowance:</i></p>	
<p><b>8. The approved budget and the most recent Financial Status Report include matching funds.</b></p> <p><b>(Best Practice)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Budget</li> <li>➤ Financial Status Report</li> <li>➤ Documentation of match</li> </ul>	<p><i>Approved budget includes match:</i></p> <p><i>Financial Status Report documents match as shown in approved budget:</i></p> <p><i>Other documentation of match:</i></p>	

Total Points:

<p><b>9. If services are offered to adults, services are provided through funds other than MDHHS grant funds.</b></p> <p><b>(State School Aid, 31n funding, Element definition of MPR, MDHHS RFP and CAHC/E3 Contract)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Budget</li> <li>➤ Financial Status Report</li> <li>➤ Documentation of other financial support for services to adults</li> </ul>	<p><i>Budget and Financial Status Report do not include funds for services to adults:</i></p> <p><i>Documentation of other financial support for services to adults, or not applicable because services are not offered to adults:</i></p>	
<p><b>Fiscal Operations Subtotal</b></p>		<p><b>/ 28 possible points</b></p>

<p><b>H. Data Management</b></p>	<p><b>Points</b></p>	<p><b>Comments</b></p>
<p><b>1. The E3 has secure storage for supplies and equipment, and secure paper and/or electronic data and/or report records that maintain confidentiality.</b></p> <p><b>(MPR #4, MPR #17 and HIPAA)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures</li> <li>➤ Access to storage areas observed</li> <li>➤ Access to records is observed</li> <li>➤ Interview questions</li> </ul>	<p><i>Physical storage for supplies and equipment is secure:</i></p> <p><i>Data/report records are secure e.g., triple-locked, computer screens revert to screen savers, password protection used:</i></p>	
<p><b>2. A designated individual is responsible for final preparation and review of all reports.</b></p> <p><b>(Best Practice)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Interview question</li> <li>➤ Other</li> </ul>		
<p><b>Data Management Subtotal</b></p>		<p><b>/ 2 possible points</b></p>

Total Points:

I. General Administrative Site Management	Points	Comments
<p><b>1. E3 services shall not supplant existing school services, including special education or general education-related social work activities. The program shall not take on responsibilities outside the scope of the E3 MPRs.</b></p> <p><b>(MPR #5, MDHHS RFP and CAHC/E3 Contract)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures</li> <li>➤ Record Review</li> <li>➤ Interagency Agreement/MOU</li> <li>➤ Other</li> </ul>	<p><i>Evidence that other MH services are provided to the school through other resources:</i></p> <p><i>Evidence / documentation that E3 services follow scope of E3 program only:</i></p>	
<p><b>2. The E3 program shall use an Electronic Medical Record (EMR) to manage client records.</b></p> <p><b>(MPR #4)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Quarterly Reports (MPR #4)</li> <li>➤ Record Review (MPR #4)</li> </ul>	<p><i>Documentation exists for:</i></p> <p><i>Use of electronic medical record to manage client records:</i></p>	
<p><b>General Administrative Site Management Subtotal</b></p>		<p><b>/ 9 possible points</b></p>

Total Points:



Section 2: Mental Health Review		
A. Credentials and Supervision	Points	Comments
<p><b>1. The E3 program must be staffed with a minimum of a licensed Masters level mental health provider (e.g., counselor or Social Worker).</b></p> <p><b>(MDHHS RFP, CAHC/E3 Contract, MPR #10, and Mental Health Code: Act 258 of 1974, as amended)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ License</li> <li>➤ Evidence of Master’s degree</li> <li>➤ Work and Appointment Schedules</li> <li>➤ Budget and Financial Status Report</li> <li>➤ Other</li> </ul>	<p><i>Master’s Prepared:</i></p> <p><i>Current Michigan license:</i></p>	
<p><b>2. The mental health clinician shall receive regular, consistent supervision as appropriate for years of clinical experience. The mental health clinician must be supervised by a licensed provider during all hours of E3 program operation. The supervisor must: be available at all times via direct in-person or telecommunication; must monitor and regularly review the practice of the clinician; evaluate the clinician’s performance and conform to other supervisory requirements of the Public Health Code.</b></p> <p><b>(MPR #10 and Public Health Code: Act 368 of 1978, as amended)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Licensed Supervisor assigned</li> <li>➤ MOU/LOA or structure for supervision in place</li> <li>➤ Schedule for supervision, as appropriate</li> <li>➤ Evidence of supervision, as appropriate</li> <li>➤ Other</li> </ul>	<p><i>Licensed Supervisor assigned:</i></p> <p><i>MOU/LOA for supervision:</i></p> <p><i>Schedule for Supervision:</i></p> <p><i>Evidence of Supervision including practice review and clinician performance:</i></p>	
<p><b>3. Current licenses for all professional staff shall be publicly displayed so as to be visible to clients. A permanent record containing names and respective license numbers of the mental health clinicians shall be maintained on-site.</b></p> <p><b>(Public Health Code: Act 368 of 1978, as amended)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Licenses displayed in public area</li> <li>➤ Permanent record on-site contains names and license numbers of each mental health clinician</li> </ul>	<p><i>Licenses displayed publicly:</i></p> <p><i>Licenses in permanent onsite record:</i></p>	
<b>Credentials &amp; Supervision Subtotal</b>		<b>/ 8 possible points</b>

Total Points:

<b>B. Continuous Quality Improvement</b>	<b>Points</b>	<b>Comments</b>
<p><b>1. The E3 program shall implement a continuous quality improvement plan. Components of the plan shall include at a minimum: Practice and record review shall be conducted at least twice annually by an appropriate peer and/or other staff of the sponsoring agency, to determine that conformity exists with current standards of care. A system shall also be in place to implement corrective actions when deficiencies are noted.</b></p> <p><b>(MPR #15)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures and/or CQI plan includes mental health services</li> <li>➤ Evidence of recent record review including identification of reviewer(s)</li> <li>➤ Criteria/indicators of goals or thresholds for evaluation/improvement</li> <li>➤ Documented corrective action process</li> <li>➤ Other</li> </ul>	<p><i>Evidence of Policy &amp; Procedures for CQI and/or CQI plan:</i></p> <p><i>Results of recent quality improvement record review (twice annually, minimum):</i></p> <p><i>Review conducted by appropriate peer and/or other sponsoring agency staff:</i></p> <p><i>Thresholds are identified for all evaluation criteria:</i></p> <p><i>Plan for corrective action/action taken as appropriate):</i></p>	
<b>CQI Subtotal</b>		<b>/ 5 possible points</b>

<b>C. Mental Health Services</b>	<b>Points</b>	<b>Comments</b>
<p><b>1. The mental health services shall meet the recognized, current standards of practice for care and treatment for population served. The most current mental health guideline references are available to professional staff.</b></p> <p><b>(Element definition of MPR)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Observation</li> <li>➤ Clinical guidelines/references</li> <li>➤ Other</li> </ul>	<p><i>Evidence that practice is aligned with current standards of practice:</i></p> <p><i>Clinical guidelines/references on-site:</i></p>	
<p><b>2. If mental health staff is administering risk assessments to clients, staff has received Motivational Interviewing training; or is registered for an upcoming training.</b></p> <p><b>(MPR #3 and MDHHS Requirement)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Certificate of completion or evidence of registration for Motivational Interviewing training</li> </ul>	<p><i>Evidence of Motivational Interviewing training:</i></p>	
<b>Mental Health Services Subtotal</b>		<b>/ 4 possible points</b>

Total Points:

D. Process for a Mental Health Visit	Points	Comments
<p><b>1. Client confidentiality is maintained, including physical and verbal privacy in the counseling area.</b></p> <p><b>(MPR #6 and Mental Health Code: Act 258 of 1974, as amended and HIPAA)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Observation</li> <li>➤ Secured records, forms/logs, computer screens</li> <li>➤ Policy &amp; Procedures</li> </ul>	<p><i>Observation:</i></p> <p><i>Policy and procedures outline steps taken to maintain client confidentiality:</i></p> <p><i>White noise machines, sound proof walls/doors:</i></p> <p><i>Client records, forms and logs are secured e.g., triple locked, computer screens revert to screen savers, password protection used:</i></p>	
<p><b>2. Intake/assessment of clients is completed to indicate and/or identify mental health conditions and to assist in development of an individual treatment plan.</b></p> <p><b>(Element definition of MPR and Mental Health Code: Act 258 of 1974, as amended)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Record review</li> </ul>	<p><i>Record review:</i></p>	
<p><b>3. Intake/assessment of client is consistent with mental health standards approved by the sponsoring agency.</b></p> <p><b>(Element definition of MPR and Mental Health Code: Act 258 of 1974, as amended)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Record review</li> </ul>	<p><i>Record review:</i></p>	
<p><b>4. A behavioral health screen and/or risk assessment is completed annually for each unduplicated user.</b></p> <p><b>(MPR #3)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Record review</li> <li>➤ Policy &amp; Procedures</li> </ul>	<p><i>Policy &amp; Procedures address BH screening and/or risk assessment:</i></p> <p><i>Documented appropriate follow-up to BH screening/risk assessment</i></p>	
<p><b>5. Mental health clinician develops an individualized and comprehensive treatment plan for each established client seen for mental health services. The treatment plan shall establish meaningful and measurable goals with the client and shall address client needs.</b></p> <p><b>(Element definition of MPR and Mental Health Code: Act 258 of 1974, as amended)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Record review of treatment plans</li> </ul>	<p><i>Treatment plan developed for each established client:</i></p> <p><i>Treatment plans contain meaningful, measurable goals:</i></p> <p><i>Treatment plans address client needs:</i></p>	

Total Points:

<p><b>6. Treatment plans are kept current, modified when indicated and are reviewed at reasonable intervals with client and with parents, unless prohibited by client (consistent with Michigan minor consent laws).</b></p> <p><b>(Element definition of MPR, MPR #14, and Mental Health Code: Act 258 of 1974, as amended)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures</li> <li>➤ Record review</li> </ul>	<p><i>Treatment plans are kept current/being modified when indicated to keep current:</i></p> <p><i>Treatment plans are revised at reasonable intervals:</i></p> <p><i>Policy &amp; Procedures address communication with parents regarding treatment plan, consistent with Michigan minor consent laws:</i></p> <p><i>Documentation of communication indicates practice is in compliance with policy &amp; procedures:</i></p>	
<p><b>7. The client has the right to refuse or defer treatment, unless intent exists to harm self or others. Their refusal or deferral of treatment is documented in the client record.</b></p> <p><b>(Patient Self-Determination Act of 1990)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures</li> <li>➤ Patient Bill of Rights</li> <li>➤ Mature Minor Consent form</li> <li>➤ Record review</li> </ul>	<p><i>Policy &amp; Procedures:</i></p> <p><i>Bill of Rights includes right to refuse or defer treatment:</i></p> <p><i>Mature Minor Consent form includes right to refuse or defer treatment unless intent exists to harm self or others:</i></p> <p><i>Refusals and deferrals are documented in client records:</i></p>	
<p><b>8. If the mental health clinician indicates a pharmacological intervention may be needed, the provider refers to a clinical provider who can prescribe appropriate medications, when needed.</b></p> <p><b>(Public Health Code: Act 368 of 1978, as amended)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures</li> <li>➤ Record review of progress note</li> <li>➤ MOU/LOA with consulting clinical providers</li> </ul>	<p><i>Policy &amp; Procedures outline process for referral to clinical provider for pharmacological intervention:</i></p> <p><i>Record review indicates referral to a clinical provider for pharmacological interventions:</i></p> <p><i>MOU/LOA exists with consulting clinical provider for pharmacological intervention:</i></p>	

Total Points:

<p><b>9. A crisis response plan and communication plan exists where appropriate between the E3 program/ sponsoring agency and the client's school.</b></p> <p><b>(Best Practice)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Copy of crisis response plan</li> <li>➤ Copy of communication plan with school</li> </ul>		
<p><b>10. There are adequate procedures for the follow-up of internal and off-site referrals.</b></p> <p><b>(Element definition of MPR)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures</li> <li>➤ Record review: referral documentation</li> </ul>	<p><i>Policy &amp; Procedures are adequate for internal referrals:</i></p> <p><i>Policy &amp; Procedures are adequate for off-site referrals:</i></p> <p><i>Documentation of referrals follows policy &amp; procedures:</i></p> <p><i>Documentation of follow-up follows policy &amp; procedures:</i></p>	
<p><b>11. A follow-up mechanism in place for missed appointments.</b></p> <p><b>(Best Practice)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures</li> <li>➤ Record review: referral documentation</li> </ul>		
<p><b>Process for Mental Health Visits Subtotal</b></p>		<p><b>/ 31 possible points</b></p>

Total Points:

E. Process for Treatment and Intervention Groups, when provided	Points	Comments
<p><b>1. Each treatment group has an established number of structured sessions with at least one documented topic, with defined goals/ outcomes for the treatment group.</b></p> <p><b>(Best Practice)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Schedule and sign-in for treatment groups</li> <li>➤ Record review</li> <li>➤ Group topic/curriculum/discussion guidelines</li> <li>➤ Goals/outcomes for group; GAS, if relevant</li> </ul>		
<p><b>2. Each group participant has a mental health record that contains: a signed consent as necessary, a signed agreement/contract to participate and an understanding of confidentiality guidelines, diagnostic assessment, and individual treatment plan reflecting the group topic, current documentation completed after each session.</b></p> <p><b>(Best Practice)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Group participant records with all recommended components (above)</li> </ul>		

Total Points:

<b>Section 3: Joint Clinical and Mental Health Review</b>		
<b>A. Process for Release of Information</b>	<b>Points</b>	<b>Comments</b>
<p><b>1. MDHHS-5515 Consent to Share Behavioral Health Information for Care Coordination form is accepted when a request is made for behavioral health or substance use disorder information or records (applies to medical and mental health records).</b></p> <p><b>Note: Exceptions to use of this form are made only if the provider receives federal funding under the Victims of Crime Act of 1984, Violence Against Women Act, and/or Family Violence Prevention and Services Act.</b></p> <p><b>(MPR #2 and Public Act 129 of 2014)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>➤ Policy &amp; Procedures for Release of Information</li> <li>➤ Record review inclusive of documentation of use of the form</li> </ul>	<p><i>Record review indicates evidence of acceptance of form by E3 program staff, when appropriate:</i></p>	
<b>Joint Clinical and Mental Health Review Subtotal</b>		<b>/ 5 Possible Points</b>

Total Points: