

CSHCS MPRs and Indicators: What LHDs need to know for Cycle 7

Mission: Accreditation is a partnership between the state and Local Health Departments (LHDs) to ensure greater consistency across Michigan regarding the level of local CSHCS services available. CSHCS and the Family Center work collaboratively with LHDs to refine and improve the Minimum Program Requirements and accreditation indicators for each new 3-year cycle. The accreditation process ensures that all LHDs are meeting the minimum program expectations.

This sheet is a summary of Indicators and includes information the Accreditation Review Team will need for your visit.

If you have any questions about the changes, please contact Amanda Larraga at LarragaA@michigan.gov or 517-241-7189.

Please remember this document is meant for guidance regarding Accreditation. LHDs should consult the MPR Tool for all requirements.

MPR/ Indicator	Description of Change:	Additional Guidance (<i>examples</i>):
1.1	Additional requirement added that position, county assignment (if applicable), start date, end date (if applicable) and FTE amounts also be submitted in advance.	Submitting this additional information in advance will allow the reviewers sufficient time to verify staffing levels and required employee training timelines. Documentation required for all staff working within CSHCS from prior Accreditation date – present. Materials are required in advance of the onsite visit.
1.2	Indicator language has been updated to reference the required courses as listed on the CSHCS website.	Certificates, personnel records or the New Employee Orientation Verification form are required for those employees starting within CSHCS from prior Accreditation date – present, or when MDHHS CSHCS updates trainings. http://www.michigan.gov/documents/mdhhs/LHD_Orientation_543573_7.pdf Materials are required in advance of the onsite visit. MDHHS CSHCS has the original sign-in sheets for each regional LHD meeting, so it is not necessary for the LHD to submit verification, unless they neglected to sign-in.
2.1	Navigation of CSHCS database screens also include where to find TEP information. Removed “On-Line” (Database is no longer referred to as “On-Line”)	Reviewers will conduct a review to ensure all staff listed on the “Contacts At A Glance” who work directly with families have access and can efficiently use the CSHCS database.
2.2	Removed “On-Line” (Database is no longer referred to as “On-Line”)	Reviewers will conduct a review to ensure at minimum that staff listed on the DMP User ID List have access and can efficiently use the DMP.
2.3	Unchanged from Cycle 6	Reviewers will be requesting up to 30 charts. The chart review will include information/activities within the LHD charts from prior Accreditation date – present (as if looking

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		at a paper chart, for example). LHDs will be notified of the specific client chart list prior to the review. Materials are required in advance of the onsite visit.
2.4	Removed “On-Line” (Database is no longer referred to as “On-Line”)	LHDs need to submit signed HIPAA agreements for all staff working within CSHCS from prior Accreditation date – present. Materials are required in advance of the onsite visit.
2.5	Unchanged from Cycle 6	Reviewers will be asking to tour the LHD office, from the family’s perspective.
3.1	Unchanged from Cycle 6	Staff working within CSHCS need to be proficient in accessing both the CSHCS Guidance Manual and the Medicaid Provider Manual. Reviewers may ask for a demonstration of proficiency.
3.2	A policy and procedure will be required for renewal follow-up, totaling 27 policies and procedures required.	LHDs need to provide a signed statement(s), signed by managing/coordinating staff demonstrating CSHCS policies and procedures have been reviewed and updated annually from prior Accreditation date – present. LHDs need to submit 27 items as outlined in Addendum I within policies and procedures. Materials are required in advance of the onsite visit.
3.3	Unchanged from Cycle 6	LHDs need to submit copies of family surveys, documents, etc., and any follow-up information including results of the survey; or other materials used for family input. Materials are required in advance of the onsite visit.
3.4	This former indicator has been removed from the Accreditation process.	This indicator had addressed informing families of their Rights and Responsibilities (policy and procedure regarding Rights and Responsibilities is still required).
3.5	This former indicator has been removed from the Accreditation process.	This indicator had addressed CPBC reporting requirements (policy and procedure regarding reporting requirements is still required).
4.1	Removed slash, adding comma between outreach and case finding.	LHDs need to submit copies of their outreach materials for activities performed from prior Accreditation date – present. Materials are required in advance of the onsite visit.
4.2	Unchanged from Cycle 6	Reviewers will be looking for chart documentation regarding referrals for the CSHCS-enrolled clients. During the onsite visit, Reviewers will be discussing with LHDs how they assist CYSHCN who are not enrolled in CSHCS.
4.3	This former indicator has been removed from the Accreditation process.	This indicator had addressed Diagnostic Evaluations (policy and procedure regarding Diagnostic Evaluations still required).
4.3	Indicator language has been updated to remove the word “all” before “written documents.”	LHDs need to submit LHD-created CSHCS correspondence sent/given to families. Materials are required in advance of the onsite visit.

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	Added examples of further documentation: welcome packet sent to families and information included on LHD website.	This indicator was 4.4 in Cycle 6, but will be 4.3 in Cycle 7.
5.1	Unchanged from Cycle 6	Reviewers will be looking for application assistance within client chart documentation. If Reviewers are unable to locate application assistance within submitted chart documentation, copies will be requested at the onsite visit.
5.2	Unchanged from Cycle 6	Reviewers will be looking for application follow-up within client chart documentation. If Reviewers are unable to locate application follow-up within submitted chart documentation, copies will be requested at the onsite visit.
5.3	Added requirement to specify how families are contacted and number of attempts made to contact families during the TEP period.	Reviewers will be looking for follow-up regarding TEP within client chart documentation. If Reviewers are unable to locate TEP follow-up within submitted chart documentation, copies will be requested at the onsite visit.
6.1	Added examples of further documentation: annual update packet sent to families. Added evaluation question of how LHD assesses needs annually.	Reviewers will be looking for evidence of initial assistance and annual contact to clients/families within client chart documentation. If Reviewers are unable to locate initial and annual assistance within chart documentation, copies will be requested at the onsite visit.
6.2	Inserted “adding authorized providers” and “language interpretation services” to indicator language.	Reviewers will be looking for assistance documented within the client charts.
6.3	This indicator now requires the LHD to facilitate transition prior to age 14 (applies to documentation charted 1/1/2018 – forward). Added examples of further documentation: transition packet sent to families, transition readiness assessment tool, transfer of care checklist or transition plan. Added evaluation question of LHD providing examples of outcomes related to transition.	Reviewers will be looking for assistance and activities documented within client charts regarding transition services.
6.4	Added evaluation question regarding staff ability to explain the transportation assistance process.	Reviewers will be looking for documentation within client charts for both IS and OOS transportation assistance provided to families. If the LHD did not have clients/families requesting OOS transportation during prior Accreditation date – present, the LHD needs to be prepared to explain how assistance would be provided during the onsite visit.

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6.5	Added evaluation question regarding staff ability to explain the OOS medical care authorization process.	Reviewers will be looking for assistance provided to families requesting OOS medical care documented within client charts (assistance for OOS medical care is not the same as assistance for OOS transportation). If the LHD did not have clients/families requesting OOS medical care during prior Accreditation date – present, the LHD needs to be prepared to explain how assistance would be provided during the onsite visit.
6.6	Unchanged from Cycle 6	Reviewers will be comparing client chart documentation and previously submitted Care Coordination/Case Management logs and CHASS submissions.