# MSHN Monitoring of Crisis Residential Providers

| # | **Standard** | **Basis/Source** | **Evidence of Compliance could include:** | **Review Guidelines for Reviewer** | **Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number** |
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| 1.1 | **INFORMATION/CUSTOMER SERVICES**  All informational materials, including those describing consumer rights, service requirements and benefits are provided in a manner and format that may be easily understood. Informational materials are written at the 4th grade reading level when possible (i.e., it may be necessary to include medications, diagnoses and conditions that do not meet criteria). | 42 CFR. 438.10(b)(1); 42 CFR 438.10(d)(1)(i); MDHHS Contract.  42 CFR 438.10(b)(3) | Method used to ensure the readability level. |  | Click or tap here to enter text. |
| 1.2 | Written materials are available in alternative formats that consider the special needs of the consumer, including those with vision impairments or limited reading proficiency as required by the ADA | 42 CFR 438.10(d)(1)(ii); MDHHS Contract, MDHHS Customer Service Standards | Samples of written materials in alternative formats, Copy of policy/procedure. Reference materials on language needs of community. |  | Click or tap here to enter text. |
| 1.3 | A policy and/or procedure is in place for accessing the language needs of individuals served. | 42 CFR 438.10(c)(4); MDHHS Contract | Copy of policy/procedure. Reference materials on language needs of community. |  | Click or tap here to enter text. |
| 1.4 | Written materials, including information developed by the PIHP, are available in the prevalent non-English languages of the service area (spoken as the primary language by more than 5% of the population in the PIHPs Region. | 42 CFR 438.10(d) (1)(ii); MDHHS Contract | Samples of written materials in languages meeting LEP requirements |  | Click or tap here to enter text. |
| 1.5 | Oral interpretation of all languages is available free of charge | MDHHS Customer Service Standards, 42 CFR 438.10(c)4 | Policy, contract for language interpreter, Member Handbook |  | Click or tap here to enter text. |
| 1.6 | The PROVIDER has a written advance directives policy and procedures. | 42 CFR 422.128(a) | Policy, procedures |  | Click or tap here to enter text. |
| 1.7 | The advance directives policy requires that there is documentation in a prominent part of the beneficiary’s current medical record as to whether or not the beneficiary has executed an advance directive. | 42 CFR 422.128 (b)(1)(ii)(E) | Policy, procedures |  | Click or tap here to enter text. |
| 1.8 | PROVIDER subcontracts, as applicable, contain advance directives requirements appropriate to the subcontract | 42.CFR 422.128(b)(1)(i) | Requirement is included in subcontract language related to advance directives | NA if there are not subcontracts | Click or tap here to enter text. |
| 1.9 | The PROVIDER provides all adult beneficiaries with written information on advance directives policies, including a description of applicable State laws. This includes information on the beneficiary’s right to make decisions concerning his or her medical care, including the right to accept or refuse treatment, and the right to formulate advance directives. | 42 CFR 438.6(i)(3); 422.128(b)(1)(ii)(B) | Policy, related written materials, Advance Directive brochure, Member Handbook |  | Click or tap here to enter text. |
| **ENROLLEE RIGHTS AND PROTECTIONS (CUSTOMER SERVICE)** | | | | |  |
| 2.1 | **ENROLLEE RIGHTS AND PROTECTIONS (CUSTOMER SERVICE)**  Local communication with consumers regarding the role and purpose of the CMHSP/PIHP’s Customer Services and Recipient Rights Office**.** | MDHHS Contract 6.3, Customer Service Standards | Flyers, brochures, Policy/Procedures, other related documentation, Member Handbook |  | Click or tap here to enter text. |
| 2.2 | Consumers are allowed to choose their health care professional(s) to the extent possible and appropriate. | 42 CFR 438.6(m); MDHHS Contract, Customer Service Standards | Policy language and/or other written materials related to consumer choice of treatment professional; Member Handbook |  | Click or tap here to enter text. |
| 2.3 | Policies and member materials include the enrollee’s right to be treated with respect and due consideration of his or her dignity and privacy. | 42 CFR 438.100(b)(2)(ii); 42 CFR 160 and 164 | Recipient Rights brochures, Member Handbook |  | Click or tap here to enter text. |
| 2.4 | Policies and member materials include the enrollee’s right to receive information about available treatment options and alternatives, presented in a manner appropriate to the enrollee’s condition and ability to understand. | 42 CFR 438.100(b)(2)(iii) | Recipient Rights brochures, polices/procedures, Member Handbook |  | Click or tap here to enter text. |
| 2.5 | The PROVIDER policies provide the enrollee the right to participate in the decisions regarding his or her healthcare, including the right to refuse treatment. | 42 CFR 438.100(b)(2)(iv) | Recipient Rights brochure, language in IPOS, policy, Member Handbook |  | Click or tap here to enter text. |
| 2.6 | The PROVIDER policies and member materials will provide enrollees the right to be free from any form of coercion, discipline, convenience or retaliation. | 42 CFR 438.100(b)(2)(v) | Recipient Rights brochure, language in IPOS, policy, Member Handbook |  | Click or tap here to enter text. |
| 2.7 | The PROVIDER ensures that consumers are free to exercise their rights in a manner that does not adversely affect their services. | 42 CFR 438.100 (3)(c); 42 CFR 438.210 | Recipient Rights brochure, policy language, Member Handbook |  | Click or tap here to enter text. |
| **PERSON-CENTERED PLANNING & DOCUMENTATION STANDARDS (UTILIZATION MANAGEMENT)** | | | | |  |
| 3.1 | **PERSON-CENTERED PLANNING & DOCUMENTATION STANDARDS (UTILIZATION MANAGEMENT)**  The right for all individuals to have an Individual Plan of Service developed through a person-centered planning process is clearly communicated to all service recipients. | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure, Handbook & rules for disseminating, Evidence that consumer has received this information | The goal of crisis residential services is to facilitate reduction in the intensity of those factors that lead to crisis residential admission through a person-centered/Family Driven, Youth-Guided, and recovery/resiliency-oriented approach. (MMPM, p. 369) | Click or tap here to enter text. |
| 3.2 | Implement person-centered planning in accordance with the MDCH Person Centered Practice Guideline. | MDHHS Person-Centered Planning Practice Guideline  MHC 712  Chapter III, Provider Assurances & Provider Requirements | *Separate Consumer Chart review for compliance with Person Centered Planning*  Policy/procedure  Internal PROVIDER chart audits, peer review of PCP |  | Click or tap here to enter text. |
| 3.3 | PCP focuses on the person’s goals, while still meeting the person’s basic needs for food, clothing, shelter etc. | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.4 | There is a pre-planning meeting prior to the Person-Centered Plan meeting.  Pre-planning elements must include:   1. When and where the meeting will be held. 2. Who will be invited (including whether the person has allies who can provide desired meaningful support or if actions need to be taken to cultivate such support). 3. Identify any potential conflicts of interest or potential disagreements that may arise during the PCP for participants in the planning process and planning for how to deal with them. (What will be discussed and not discussed.) 4. The specific PCP format or tool chosen by the person to be used for PCP. 5. What accommodations the person may need to meaningfully participate in the meeting (including assistance for individuals who use behavior as communication). 6. Who will facilitate the meeting? 7. Who will take notes about what is discussed at the meeting? | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure | A preliminary plan must be developed within seven days of the commencement of services or, if a beneficiary is hospitalized, before discharge or release. (MMPM, p. 331) | Click or tap here to enter text. |
| 3.5 | The individual plan of service adequately identifies the individual’s chosen or preferred outcomes and the methods used to measure progress. | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.6 | Services and supports identified in the individual plan of service assist the individual in pursuing outcomes consistent with their preferences and goals. | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.7 | 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. | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.8 | 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 or at any time the consumer chooses. | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.9 | The Person-Centered Planning process builds upon the individual’s capacity to engage in activities that promote community life. | MCL 330.1701(g) MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.10 | Person-centered planning addressed natural and external supports. | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.11 | Person-centered planning addressed health and safety.  \*Must include primary care coordination support & recognize people are allowed the dignity of risk. | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.12 | 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. | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.13 | Specific services and supports to be provided, including the amount, scope, and duration of services, are identified in the plan of service. | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.14 | Individual receives complete and unbiased information on services and supports available, community resources, and options for providers, which are documented in the IPOS.  Information must include consumer’s option to develop any or all of the following:   * Psychiatric Advance Directive * Crisis Plan * Self-Determination   Must include available:   * Conflict Resolution processes | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.15 | Services and treatment identified in the IPOS are provided as specified in the plan. | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.16 | The frequency of plan review for the individual is specified in the plan. Frequency and scope of monitoring of the plan reflects the intensity of the beneficiary’s health and welfare is identified in the plan. | MH Code 330.1714  Medicaid Manual Mental Health and Substance Abuse sec. 3.24  MDHHS Person-Centered Planning Practice Guideline | Policy/procedure | Per MDHHS PCP Policy must be reviewed at minimum annually or as defined in PCP | Click or tap here to enter text. |
| 3.17 | All forms/documents placed in consumer records identify the consumer with name and medical record number | Medicaid Provider Manual; recordkeeping  MDCH site review protocol 6.2.3 | Policy/procedure |  | Click or tap here to enter text. |
| 3.18 | Consumers have been provided a copy of his/her plan within 15 business days of the PCP meeting | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.19 | IPOS is prepared in person-first singular language and be understandable by the person with a minimum of clinical jargon or language. | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.20 | Assessments may be used to inform the PCP process but is not a substitute for the process.   * Functional assessments undertake a person-centered approach * Functional assessments & PCP process are used together as a basis for identifying goals, risks, and needs, authorizing services, utilization management & review   No assessment scale or tool should be utilized to set a dollar figure or budget that limits the PCP process | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.21 | There is documentation that individual chose the setting in which they live and there is documentation of what alternative living settings were considered by the person. | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.22 | There is documentation of any restriction or modification of additional conditions & documentation includes:   1. The specific & individualized assessed health or safety need. 2. The positive interventions and supports used prior to any modifications or additions to the PCP regarding health or safety needs. 3. Documentation of less intrusive methods of meeting the needs, that have been tried, but were not successful. 4. A clear description of the condition that is directly proportionate to the specific assessed health or safety need. 5. A regular collection and review of data to measure the ongoing effectiveness of the modification. 6. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. 7. Informed consent of the person to the proposed modification. 8. An assurance that the modification itself will not cause harm to the person. | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.23 | IPOS includes the services which the person chooses to obtain through arrangements that support self-determination. | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.24 | IPOS includes the estimated/prospective cost of services & supports authorized by the CMH system. | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.25 | IPOS identifies person responsible for monitoring and this person is separate from the eligibility determination; assessment; and service provision responsibilities. | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.26 | IPOS includes signatures of the person and/or representative, case manager/support coordinator, and the support broker/agent (if one is involved). | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.27 | Plans to share the IPOS with family/friends/caregivers are documented. | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.28 | HCBS services documentation include:   * The specific person or persons, and/or provider agency or other entity providing services & supports * Non-paid supports, chosen by the person and agreed to by the unpaid provider. | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure |  | Click or tap here to enter text. |
| 3.29 | The PROVIDER has a process in place for monitoring PCPs & ensuring compliance. | MDHHS Person-Centered Planning Practice Guideline | Policy/procedure, Evidence of Monitoring & Follow-Up if applicable |  | Click or tap here to enter text. |
| **COORDINATION OF CARE/INTEGRATION OF BEHAVIORAL HEALTH AND PHYSICAL HEALTH SERVICES** | | | | |  |
| 4.1 | **COORDINATION OF CARE/INTEGRATION OF BEHAVIORAL HEALTH AND PHYSICAL HEALTH SERVICES**  PROVIDER staff pro-actively assume responsibility for engaging the appropriate CMH staff during consumer’s c crisis residential stay. This includes participating in team meetings and initiating discharge planning with staff, consumer, family/guardian and community resources. | MSHN Inpatient Psychiatric Hospitalization Standards Policy | Progress notes, continuing stay reviews or crisis residential discharge plans showing evidence of PROVIDER participation |  | Click or tap here to enter text. |
| 4.2 | PROVIDER has developed service coordination agreements with each of the pertinent public and private community-based organizations to address issues that relate to a shared consumer base | MDHHS Contract, MSHN Service Philosophy Policy | Copies of coordination agreements |  | Click or tap here to enter text. |
| 4.3 | The PROVIDER has procedures to ensure that coordination occurs between primary care physicians and/or CMH treating physicians and the PROVIDER. Procedures ensure that the services the PROVIDER furnishes to the beneficiary during the course of the crisis residential episode of care are coordinated with the services the beneficiary receives from other providers involved in the person’s care. | MDHHS Contract, MSHN Service Philosophy Policy | Policies/procedures related to coordination of care |  | Click or tap here to enter text. |
| **PROVIDER STAFF CREDENTIALING (PROVIDER NETWORK)** | | | | |  |
| 5.1 | **PROVIDER/STAFF CREDENTIALING (PROVIDER NETWORK)**  Agency has processes in place requiring that an individual file be maintained for each credentialed provider and each file include:   1. The initial credentialing and all subsequent re-credentialing applications. 2. Information gained through primary source verification.   Any other pertinent information used in determining whether or not the provider met credentialing standards | MDHHS Credentialing and Re-Credentialing Processes MSHN Credentialing Policy and Procedures  SUD Policy Manual IV. Credentialing and Staff Qualification Requirements | Policy/procedures Sample of records | Policy/Procedure/evidence should be in accordance with P7.1.1 and MSHN policy/procedures. All PSV should be dated, decisions should be dated to verify timeliness. | Click or tap here to enter text. |
| 5.2 | The Michigan Public Act 218 of 1979, and further through the Public Acts 28 and 29 of 2006, requires that licensed residential providers and others who provide direct service or have direct access to residents,  conduct background checks on staff members. Effective April 1, 2006, all new hires and existing employees (CMHSP Participant or Sub-Contractor staff) who provide treatment shall have a favorable background check that includes fingerprinting and may use the Michigan Department of Regulatory Affairs (LARA)  Workforce Background Check (WBC) program. Letters of hire must be contingent upon successful completion of the CBC and should expressly state there is to be no consumer contact until all CBC are  complete. Compliance with this requirement should be documented in personnel records. | MSHN Criminal Background Check Procedure, MSHN Disqualified Providers Policy, MDHHS Credentialing and Re-Credentialing Processes  AFC Licensing Act Section 400.734b | Policy/Procedure  Sample of records | Verify dates of initial and ongoing CBC’s to ensure that the checks were conducted in the required timeframes.  PROVIDER shall have a process to notify MSHN of any convictions identified through routine CBC of employees or staff of sub-contractors. Notice shall include the nature of the conviction and relevant employment action taken.  Verify that convictions are not on the disqualified provider list. <https://mail.midstatehealthnetwork.org/application/files/8415/9438/0435/13.6.H._Compliance_Disqualified_Providers.pdf> | Click or tap here to enter text. |
| 5.3 | Credentialing and re-credentialing must be conducted and documented for at least the following health care professionals: a. Physicians (M.D.s and D.O.s), b. Physician's Assistants c. Psychologists (Licensed, Limited License, and Temporary License), d. Licensed Master's Social Workers, Licensed Bachelor's Social Workers, Limited License Social Workers, and Registered Social Service Technicians, e. Licensed Professional Counselors f. Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses, g. Occupational Therapists and Occupational Therapist Assistants, h. Physical Therapists and Physical Therapist Assistants, i. Speech Pathologists k. Registered Dietician | MSHN Policy and Procedures, MDHHS Credentialing and Re-credentialing Processes | Policy/Procedure  Sample of records | Policy/Procedure/evidence should be in accordance with P7.1.1 and MSHN policy/procedures. All PSV should be dated, decisions should be dated to verify timeliness | Click or tap here to enter text. |
| 5.4 | Initial credentialing policies, procedures, and personnel file review reflect full compliance with initial credentialing requirements as outlined in MDHHS Credentialing and Re-Credentialing Processes and MSHN policies and procedures. | MDHHS Credentialing and Re-Credentialing Processes MSHN Policies and Procedures | Policy/Procedure  Sample of records | At a minimum, policies and procedures for the initial credentialing of the licensed independent practitioners must require: 1. A written application that is completed, signed and dated by the provider and attests to the following elements: a. Lack of present illegal drug use. b. Any history of loss of license and/or felony convictions. c. Any history of loss or limitation of privileges or disciplinary action. d. The correctness and completeness of the application. 2. An evaluation of the provider's work history for the prior five years. 3. Verification from primary sources of items listed in the Primary Source section above, as applicable to the licensed independent practitioner applying for credentialing.  • State Licensure, certification, or registration.  • Board Specialty Certification (MD/DO);  • Educational and academic status;  • Drug Enforcement Agency (DEA)/Controlled Dangerous Substances (CDS);  • Professional Liability/Malpractice Coverage;  • Criminal History (refer to Background Check procedure);  • Peer References;  • National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all of the following must be verified:  o Minimum 5-year history of professional liability claims resulting in judgement or settlement.  o Disciplinary status with regulatory board or agency; and o Medicare/Medicaid Sanctions | Click or tap here to enter text. |
| 5.5 | Temporary or Provisional credentialing policies, procedures, and personnel file review reflect full compliance with requirements as outlined in MDHHS Credentialing and Re-Credentialing Processes and MSHN policies and procedures. | MDHHS Credentialing and Re-Credentialing Processes  MSHN Policies and Procedures | Policy/Procedure  Sample of records | Must meet all required documentation criteria (see initial credentialing)  The agency Medical Director, qualified practitioner, or credentialing committee must review the information obtained and determine whether to grant temporary status. If temporary status is granted, it shall expire one hundred and fifty (150) calendar days after the temporary credentialing decision effective date. Following approval of temporary status, the process of verification and review by the Medical Director, qualified practitioner or Credential Committee, must be completed. | Click or tap here to enter text. |
| 5.6 | Re-credentialing policies, procedures, and personnel files reflect full compliance with requirements as outlined MDHHS Credentialing and Re-Credentialing Processes and MSHN policies and procedures | MDHHS Credentialing and Re-Credentialing Processes  MSHN Credentialing Policy and Procedures | Policy/Procedure  Sample of records | Recredentialing of licensed independent practitioners must take place at least every two years (calculated from mm/yy to mm/yy) and will be calculated from the date of receipt of a complete application from a provider to the date the notice is sent to the provider informing him or her of the credentialing decision. Recredentialing must include:  1. An update of information obtained during the initial credentialing, including attestations:  a. Loss of license since their initial licensure  b. Any felony convictions since last credentialing cycle  c. Any loss or limitation of privileges or disciplinary status since last credentialing cycle  2. A process for ongoing monitoring, and intervention if appropriate, of provider sanctions, complaints and quality issues pertaining to the provider, which must include, at a minimum, review of:  a. Medicare/Medicaid sanctions.  b. State sanctions or limitations on licensure, registration or certification.  c. Member concerns which include grievances (complaints) and appeals information.  d. Quality issue | Click or tap here to enter text. |
| 5.7 | Policy and procedures address the requirement for the agency to inform a LIP in writing of the reasons for the agency adverse credentialing decisions. | MDHHS Credentialing and Re-Credentialing Processes  MSHN Credentialing Policy and Procedures | Policy/Procedure  Sample of records | Licensed Independent Practitioners shall be notified, in writing, of all credentialing decisions, including credentialing status, effective date, and recredentialing due date. An organizational provider or licensed independent practitioner that is denied credentialing or recredentialing shall be informed of the reasons for the adverse credentialing decision in writing and shall have an appeal process that is available when credentialing or recredentialing is denied, suspended or terminated for any reason other than lack of need. In instances of a conflict of interest, subcontracted providers responsible for credentialing and recredentialing LIPs may utilize the MSHN provider appeal process to ensure a neutral and fair appeal process is available. | Click or tap here to enter text. |
| 5.8 | The agency has procedures for reporting, to appropriate authorities (i.e., PIHP, MDHHS, the provider’s regulatory board or agency, the Attorney General, etc.), improper known organizational provider or individual practitioner conduct which results in suspension of termination from the provider network. The procedures are consistent with current federal and State requirements, including those specified in the MDHHS Medicaid Managed Specialty Supports and Services Contract | MDHHS Credentialing and Re-Credentialing Processes MSHN Credentialing Policy and Procedures Requirements, MSHN Contract | Policy/Procedure |  | Click or tap here to enter text. |
| 5.9 | Agency shall not assign a consumer to any LIP who has not fully complied with credentialing process | MDHHS Credentialing and Re-Credentialing Processes, MSHN Credentialing Policy and Procedures, MSHN Contract | Policy/Procedure, Sample of records |  | Click or tap here to enter text. |
| 5.10 | Prior to employment, the agency verifies that the individual is not included in any excluded or sanctioned provider lists. This verification process shall also occur at the time or re-credentialing or contract renewal.  Agency must search at least on a monthly basis the OIG exclusion database to ensure individuals or entity has not been excluded from participating in federal health care programs. Monthly review of GSA and MDHHS exclusion lists | MDHHS Credentialing and Re-Credentialing Processes MSHN Credentialing Policy and Procedures, MSHN Contract | Copy of Written Notice; Policy/Procedure; Sample of records | Review initial verification dates are due prior to employment.  Verify ongoing monthly verifications. | Click or tap here to enter text. |
| 5.11 | Agency must require staff members, directors, managers, or owners or contractors, for the provision of items or services that are significant and material to Agency obligations under its contract with MSHN, to disclose all felony convictions and any misdemeanors for violent crimes to Agency.  Agency employment, consulting, or other agreements must contain language that requires disclosure of any such convictions to agency. | MDHHS Credentialing and Re-Credentialing Processes,MSHN Credentialing Policy and Procedures, MSHN Contract | Copy of Disclosure Statement; Policy/Procedure |  | Click or tap here to enter text. |
| 5.12 | Agency has in a place a process to monitor for mid-cycle license and certification expirations. | MSHN Policies and Procedures | Policy/Procedure  Sample of records | Review process, person responsible, how mid-cycle expirations are tracked. | Click or tap here to enter text. |
| 5.13 | Policy and procedures address the appeal process (consistent with State and federal regulations) that is available to providers for instances when the agency denies, suspends, or terminates a provider for any reason other than lack of need. Providers are notified of their right to appeal adverse credentialing decisions. | MDHHS Credentialing and Re-Credentialing Processes | Policy/Procedure  Sample of records | Review for policy/procedures of appeal process. Often there is a consumer appeal process related to the Consumer Grievance and appeals which is not the same process. The process should be specific to credentialing decision appeals. | Click or tap here to enter text. |
| 5.14 | Policy and procedures reflect the scope, criteria, timeliness and process for credentialing and re-credentialing providers and in accordance with MSHN p/p. | MDHHS Credentialing and Re-Credentialing Processes, MSHN Policy and procedures | Policy/Procedure | The policy should outline timeframes when the process begins and timeframe for processing credentialing applications. Ex. Credentialing and re-credentialing applications will be processes within 30 days. | Click or tap here to enter text. |
| 5.15 | The credentialing policy was approved by the agency governing body and identifies the agency administrative staff member responsible for oversight of the process. | MDHHS Credentialing and Re-Credentialing Processes | Policies and procedures | Verify policy includes staff (position or department) responsible for overseeing credentialing and that the policies are approved by Board. | Click or tap here to enter text. |
| 5.16 | If the agency accepts the credentialing decision of another agency for a LIP or organizational provider, it maintains copies of the current credentialing agency’s decision in its administrative records. | MDHHS Credentialing and Re-Credentialing Processes | Policy/Procedure  Sample of records | A policy or procedure should be in place noting that the organization accepts credentialing decisions of other agencies. | Click or tap here to enter text. |
| 5.17 | The Agency must ensure the credentialing and re-credentialing processes do not discriminate against:   1. A health care professional solely on the basis of license, registration or certification 2. A health care professional who serves high risk populations or who specializes in the treatment of conditions that require costly treatment. | MDHHS Credentialing and Re-Credentialing Processes | Policy/Procedure  Sample of records | This language is typically found in policy/procedures. | Click or tap here to enter text. |
| **QUALITY & COMPLIANCE (QUALITY IMPROVEMENT)** | | | | |  |
| 6.1 | **QUALITY & COMPLIANCE (QUALITY IMPROVEMENT)**  The PROVIDER has a process in place for carrying out corporate compliance activities across the service area, including the following:   * written policies, procedures, and standards of conduct that articulates the organization's commitment to comply with all applicable Federal and State standards, and to guard against fraud and abuse. * designation of a compliance officer and a compliance committee accountable to senior management, focused on regulatory identification, comprehension, interpretation, and dissemination. * training of the compliance officer, committee members and the organization's employees on the compliance policies and procedures. * provision for internal monitoring and auditing to assure standards are enforced, identify high risk compliance areas and where improvements must be made. * provision for prompt response to detected offenses, and for development of corrective action. | 42 CFR 438.608.(a); 42 CFR 438.608(b)(1) | PROVIDER policies & procedures, Compliance Officer job description, PROVIDER Corporate Compliance Plan, Staff training records, Risk Management Plan, Compliance investigation records |  | Click or tap here to enter text. |
| 6.2 | Procedures and a mandatory compliance plan are in place at each PROVIDER to guard against fraud and abuse consistent with the MSHN Compliance Plan. This includes:   * PROVIDER follows established disciplinary guidelines for their respective employees who have failed to comply with the standards of conduct, policies, and procedures, federal and state law, or otherwise engage in wrongdoing. * The PROVIDER informs, in writing, the MSHN Chief Executive Officer (CEO) of any notice to, inquiry from, investigation by any Federal, State, or local human services, fiscal, regulatory, investigatory, prosecutory, judicial, or law enforcement agency or protection and/or advocacy organization regarding the rights, safety, or care of a recipient of Medicaid services * The PROVIDER CEO/ED shall report compliance violations to external parties (i.e., OIG, DCH) as required per DCH contract and/or MSHN/PROVIDER contract.   PROVIDER staff with firsthand knowledge of activities or omissions that may violate applicable laws and regulations are required to report such wrongdoing to the MSHN Compliance Officer or to the PROVIDER Compliance Officer. | 42 CFR 438.608(a);  MSHN Corporate Compliance Plan | PROVIDER Corporate Compliance Plan  PROVIDER policies and procedures |  | Click or tap here to enter text. |
| 6.3 | The PROVIDER has written procedures for reporting to the PIHP any suspicion or knowledge of fraud or abuse within the Medicaid program. | 42 CFR 455.17; MSHN Compliance Plan; MDHHS Contract (Program Integrity)) | PROVIDER policy and/or procedures; PROVIDER Compliance Plan |  | Click or tap here to enter text. |
| 6.4 | The PROVIDER has a process to collect information about the nature of fraud and abuse complaints, the name of the individuals or entity involved in the suspected fraud or abuse, including name, address, phone number and Medicaid identification number and/or any other identifying information, the type of provider, approximate dollars involved, and legal and administrative disposition of the case including actions taken by law enforcement officials to whom the case has been referred. | 42 CFR 455.17; MSHN Compliance Plan; | PROVIDER policy and/or procedures; PROVIDER Compliance Plan |  | Click or tap here to enter text. |
| **ENSURING HEALTH & WELFARE /OLMSTEAD (QUALITY IMPROVEMENT)** | | | | |  |
| 7.1 | The PROVIDER has processes reporting of adverse events within the time frames, to the appropriate CMHSP as required.   * Sentinel events * critical events * risk events * events requiring immediate notification to MDHHS * emergency physical intervention. | MDHHS Contract  MDHHS Quality Assessment and Performance Improvement Programs for Specialty PIHP guidance | Policy/procedure, evidence of tracking events, | The required types of events should be included in the policy-deaths; emergency medical treatment or hospitalization for an injury or medication error; an arrest. | Click or tap here to enter text. |
| 7.2 | The PROVIDER has a written infection control plan which addresses health and safety needs and processes. | Michigan Department of Licensing and Regulatory Affairs; Occupational Health & Safety Agency. | Infection Control Plan, Health & Safety Plan, policies and procedures |  | Click or tap here to enter text. |
| 7.3 | The PROVIDER has policies/procedures for medication consents, prescriptions, monitoring side effects, documentation. | Michigan Department of Licensing and Regulatory Affairs; Occupational Health & Safety Agency. | Copy of policy & procedures |  | Click or tap here to enter text. |
| 7.4 | The PROVIDER has a response system to emergencies and staff are trained to act immediately and decisively when appropriate for the following events including, but not limited to:  1) Seeing to the immediate safety and welfare of an individual and others potentially affected, including transfer to another provider when necessary  2) Violence (or threat of violence) on premises  3) Fire  4) Tornadoes/severe storms  5) Power outages  6) Medical emergencies | Michigan Department of Licensing and Regulatory Affairs; Occupational Health & Safety Agency. | Emergency response plan |  | Click or tap here to enter text. |
| **INFORMATION TECHNOLOGY (IT) MANAGEMENT** | | | | |  |
| 8.1 | **INFORMATION TECHNOLOGY (IT) MANAGEMENT**  The provider has written and approved policies for the following:   * Disaster recovery Policy and Procedure * Record Retention Policy * Employee acceptable use of IT resources * Employee termination (IT section of the HR policy covering termination) * Breach Notification Policy | HIPAA Security and Privacy, 45 CFR Parts 160 & 164 Subparts A, C & E; BAA requirements.  MDHHS/PIHP contract: Performance Expectations and AFP attestation | Policies, procedures or other agency documents exist and are adequately written to meet the minimum requirements of the organization and, where applicable, MSHN policies. Describe the expectations and actions of the organization to manage its IT resources and is reviewed and revised on a regularly recurring basis. |  | Click or tap here to enter text. |
| **TRAUMA INFORMED CARE** | | | | |  |

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| 9.1 | **TRAUMA INFORMED CARE**  The PROVIDER has written and approved policies and procedures for implementation of a trauma-informed culture | MDHHS Trauma Policy | PROVIDER policy & practice guidelines |  | Click or tap here to enter text. |
| 9.2 | Implementation of an organizational self-assessment every three years. | MDHHS Trauma Policy | Results of self-assessment tool |  | Click or tap here to enter text. |
| 9.3 | Adoption of approaches and procedures to prevent and address secondary/vicarious trauma | MDHHS Trauma Policy | PROVIDER policy & practice guidelines. | * Environmental Factors * Supervision Notes/Techniques * Other Examples as warranted | Click or tap here to enter text. |
| 9.4 | Use of population and age-specific trauma-informed screen and assessment tool | MDHHS Trauma Policy | Policy/procedure | Examples that can be used:   * ACES * CTAC | Click or tap here to enter text. |
| 9.5 | Use of trauma-informed evidence-based practice(s) (EBPs) for treatment and recovery services including procedures to address building trust, safety, collaboration, empowerment, resilience and recovery | MDHHS Trauma Policy | PROVIDER policy/procedure(s) & practice guidelines. | * Seeking Safety (Co-Occurring) * DBT | Click or tap here to enter text. |
| 9.6 | Collaboration with community organizations to support development of a trauma informed community that promotes behavioral health and reduces likelihood of mental illness and substance use disorders | MDHHS Trauma Policy | Memos of understanding, meeting minutes, documentary evidence of collaboration |  | Click or tap here to enter text. |