

**EXHIBIT A
MSHN DELEGATION GRID**

PIHP Functions- Simplified Form

I. Customer Service

PIHP Activity	Retained or delegated?
<p>Information Services: This component includes those information activities, brochures and material that pertain specifically to the CMHSP provider network.</p>	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
<p>Customer Services: This component includes:</p> <ul style="list-style-type: none"> • Maintaining an office(s) of Customer Service/Enrollee Rights and Recipient Rights in compliance with federal and state statutes. • Customer Services will operate minimally eight hours daily Monday through Friday and telephone calls will be answered through a dedicated toll-free customer services telephone line by a live representative. • Local communication with consumers regarding the role and purpose of the PIHP’s Customer Services and Recipient Rights Office. • Development of local activities designed to engage consumers, and other stakeholders, including members of the general public, in decision-oriented activities throughout the CMHSP, including its sub-panel provider network. • Training and orientation of customers, to participate actively in Advisory Groups, task forces, working committees. 	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
<p>Customer Recipient Rights Complaint, Grievance and Appeals and Second Opinion Processes. Each CMHSP shall be responsible for notification to both its staff and consumers of:</p> <ul style="list-style-type: none"> • The PIHP’s complaint, grievance and appeal, second opinion and recipient rights processes • Application and implementation of the PIHP policies and procedures related Grievance & Appeals, Second Opinion, Enrollee Rights, and Recipient Rights Procedures • Providing acknowledgement of grievance and appeals, Adverse Benefit Determination and disposition notices within timeframes specified by and according to PIHP Grievance and Appeals Policy • Documenting and reporting the dispositions of all Grievance & Appeals, Fair Hearings, and Recipient Rights complaints. 	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs *PIHP remains responsible for oversight. Second opinion requests are handled by CMHSPs.
<p>Information Requirements and Notices:</p>	<input type="checkbox"/> Retained by MSHN

Informative materials intended to be distributed through written or other media to beneficiaries or the broader community that describe the availability of covered services and supports and how to access those supports and services, including but not limited to provider directories, beneficiary handbooks, appeal and grievance notices, and denial and termination notices, must meet the following standards:

- All such materials shall be written at the 6.9 grade reading level when possible.
- The provider directory must be made available in paper form upon request and in an electronic form that can be electronically retained and printed. It must also be made available in a prominent and readily accessible location on the Contractor's website, in a machine-readable file and format. Information included in a paper provider directory must be updated at least monthly and electronic provider directories must be updated no later than 30 calendar days after the Contractor receives updated provider information.
- All materials shall be available in the languages appropriate to the people served within the Contractor's area for specific Non-English Language that is spoken as the primary language by more than 5% of the population in the Contractor's Region. Such materials must be available in any language alternative to English as required by the Limited English Proficiency Policy Guidance (Executive Order 13166 of August 11, 2000 Federal Register Vol. 65, August 16, 2000).
- All such materials must be available in alternative formats in accordance with the Americans with Disabilities Act (ADA), at no cost to the beneficiary. Beneficiaries must be informed of how to access the alternative formats.
- If the Contractor provides information electronically, it must inform the customer that the information is available in paper form without charge and upon request and provides it upon request within five business days.
- All materials shall be available in a font size with a minimum font of 12pt and in large print in a font size no smaller than 18pt.
- Material shall not contain false, confusing, and/or misleading information.

The CMHSP shall provide the following information to all consumers:

- A listing of contracted providers that identifies provider name as well as any group affiliation, locations, telephone numbers, web site URL (as appropriate), specialty (as appropriate), the provider's cultural capability, any non-English languages spoken, if the provider's office/facility has accommodations for people with physical disabilities, and whether they are accepting new beneficiaries. This includes any restrictions on the beneficiary's freedom of choice among network providers. The listing would be available in the format that is preferable to the beneficiary: written

Delegated to local CMHs

*This section serves as a reminder that there is a need for a member handbook that includes common content.

<p>paper copy or on-line. The listing must be kept current and offered to each beneficiary annually.</p> <ul style="list-style-type: none"> • Enrollee rights and protections • Appeals, grievance and fair hearing procedures • Amount, duration, and scope of benefits available in sufficient detail to ensure that beneficiaries understand the benefits to which they are entitled. • Procedures for obtaining benefits, including authorization requirements. • The extent to which, and how, consumers may obtain benefits from out of network providers. • The extent of which, and how, after hours and emergency coverage is provided and the extent to which, and how, after-hours crisis services are provided. • The CMHSP shall provide the Customer Handbook in person, via mail, email or online to each enrollee at the time of service enrollment, and annually thereafter. • Written notice of any significant change must be provided to the consumer at least 30 days before the intended effective date of the change for the following information {as specified in 438.10 (f)(6)} • CMHSP shall make a good faith effort to give written notice of termination of a contracted provider (organizational) within 15 days after receipt or issuance of the termination notice, to each consumer who received his or her services from the terminated provider. • Written notice of the law and a summary of the right to develop an advance directive in accordance with 42 CFR 422.128; 42 CFR.6 and the MDHHS/PIHP Contract 	
<p>Tracking, monitoring, trending and reviewing all Denial, Grievance and Appeals, Recipient Rights and Second Opinion data submitted by each local CMHSP.</p>	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
<p>Annually (e.g., at the time of person-centered planning) provide to the beneficiary the estimated annual cost of each covered support and service he/she is receiving.</p>	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
<p>Provide Explanation of Benefits (EOBs) to 5% of the consumers receiving services. The EOB distribution must comply with all State and Federal regulations regarding release of information as directed by MDHHS.</p>	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs

II. General Management

PIHP Activity	Retained or delegated?
<p>Leadership and oversight for such activities as:</p> <ul style="list-style-type: none"> • Access • Eligibility • Triage and Authorization • Utilization Management 	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p> <p>*Task implemented by CMHSPs with oversight responsibility from PIHP.</p>
<p>Maintain local legal counsel with responsibility to notify PIHP of any and all possible litigation</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
<p>Participate in reviews and audits of MSHN as appropriate</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p> <p>*This responsibility will be detailed in MSHN operating agreement.</p>
<p>CMHSP participation in MSHN, Council, Committees and Workgroups, as necessary</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p> <p>*This responsibility will be detailed in MSHN operating agreement.</p>
<p>CMHSP participation in PIHP Consumer Advisory Council, as necessary</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p> <p>*This responsibility will be detailed in MSHN operating agreement.</p>
<p>The PIHP will assure the development and maintenance of an administrative structure to assure compliance with regulations. Also includes:</p> <p>A. MSHN will strive to ensure that all consumers served receive quality</p>	<p><input checked="" type="checkbox"/> Retained by MSHN</p> <p><input type="checkbox"/> Delegated to local CMHs</p>

<p>services in accordance with the mission and values of the MSHN.</p> <p>B. MSHN will develop, implement, and monitor the needed policies, procedures and formal activity plans.</p> <p>C. MSHN will establish operating practices that meet the requirements of 42CFR 438 Managed Care, the State of MI PIHP contract and related attachments, delineating those functions that will be fulfilled by the PIHP and those functions that will be delegated to MSHN Affiliate CMHSP's (Community Mental Health Service Provider).</p>	
<p>PIHP Legal Support</p> <p><u>1) PIHP/Affiliate Medicaid contract</u> XXVII. LIABILITY AND FINANCIAL RISK.</p> <p>C. Each party to this Agreement must seek its own legal representative and bear its own costs including judgments in any litigation which may arise out of its activities to be carried out pursuant to its obligations hereunder. It is specifically understood and agreed that neither party will indemnify the other party in such litigation</p> <p><u>2) MDHHS/PIHP Contract</u> The State, its departments, and its agents shall not be responsible for representing or defending the PIHP, PIHP's personnel, or any other employee, agent or subcontractor of the PIHP, named as a defendant in any lawsuit or in connection with any tort claim.</p>	<p><input type="checkbox"/> Retained by MSHN*</p> <p><input type="checkbox"/> Delegated to local CMHs*</p> <p>*The PIHP and the individual CMHSPs are each liable for their own activities.</p>
<p>Oversight of delegated activities</p> <p><u>1) PIHP/Affiliate contract</u> XXX. MONITORING THE AGREEMENT.</p> <p>A. The performance of the terms of this Agreement shall be monitored on an ongoing basis by the designated representatives of the Payor and of the Provider.</p> <p>B. The Chief Executive Officer of each party hereto shall appoint administrative liaisons to be available to communicate with the liaisons of the other party.</p>	<p><input checked="" type="checkbox"/> Retained by MSHN</p> <p><input type="checkbox"/> Delegated to local CMHs</p>

III. Financial Management

PIHP Activity	Retained or delegated?
<p>Routine accounting and budgeting functions, purchasing and inventory management, engagement of annual financial audit, compliance audit and consulting relationships – as detailed in MSHN procedures and MDHHS PIHP and CMHSP contract.</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
<p>Tracking of Medicaid & SUD funding expenditures and revenues – as detailed in MSHN procedure</p>	<p><input type="checkbox"/> Retained by MSHN</p>

	<input checked="" type="checkbox"/> Delegated to local CMHs
Data compilation and cost determination for rate-setting purposes	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
FSR, and Encounter Quality Initiative (EQI) to PIHP – As detailed in MDHHS PIHP contract	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
Billing of all third-party payers (as Medicaid is the payer of last resort) – As detailed in MDHHS PIHP contract When CMH bills Medicare, a Coordination of Benefits Agreement must be in place.	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
Establish a budget and financial management system sufficient to monitor revenues and expenditures for the region, monitor changes in the Medicaid population for the PIHP region and the effect on capitated funds received from MDHHS, manage financial reserves to meet unexpected demand, determination of methodology for Medicaid payment to local CMHSP – As detailed in MSHN procedures	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
Compile of data cost information for weighted average determination, per service, for the region – As detailed in MSHN procedures	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
Report FSR and Encounter Quality Initiative reporting to MDHHS – as detailed in MDHHS PIHP contract	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
Develop a Risk Management Plan for the PIHP, develop a regional reinvestment strategy for allocation of Medicaid savings, develop and submit Risk Management Plan to MDHHS	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs

IV. Information Systems Management

PIHP Activity	Retained or delegated?
<p>Develop and maintain an understanding of MDHHS data collection, management, submission, and reporting requirements.</p> <p>MDHHS/PIHP Contract</p> <p>(Includes knowledge of up to date MDHHS documentation and participation in IT Council discussion of changes to reporting requirements)</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
<p>Collect and accurately report all MDHHS required data elements, including BH-TEDS, regional supplemental data, Performance indicators (MMBPIS), Critical Incidents and other required data on time according to MSHN and MDHHS requirements.</p> <p>(Includes: Documented data extraction and processing methods; Implement and maintain data systems that collect, store, extract, and report data; Submit timely BH-TEDS data formatted as required.)</p> <p>MDHHS/PIHP Contract</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
<p>Communicate immediately and work with MSHN IT staff to resolve BH-Client Registry data difficulties that prevent correct and timely submission of data.</p> <p>MDHHS/PIHP Contract</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
<p>Collect and accurately report encounter data on time according to MSHN and MMDHHS requirements.</p> <p>MDHHS/PIHP Contract</p> <p>(Includes: Document data extraction and processing methods to sufficiently explain how Encounter data gets created; Implement and maintain data systems that collect, store, extract, and report Encounter data according to MMDHHS requirements; Validate that Encounter data and reporting formats, values, and logic meet MSHN instructions and requirements prior to submission; Ensure that every consumer with an Encounter reported has a BH-TEDS record ; Comply with HIPAA 837 transaction requirements; Submit Encounter files in a timely manner.)</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
<p>Document data extraction and processing methods to sufficiently explain how performance indicator data gets created.</p> <p>MDHHS/PIHP Contract, and BBA.</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>

<p>Participate in and complete documentation necessary for information system capabilities assessments, both internal to the PIHP and external (i.e., from MDHHS)</p> <p>(Includes: Timely and correct completion of any ISCAT material requirements and accompanying attachments; Timely and correct completion of documentation and attachments needed by the PIHP for the ISCAT to accurately reflect all workflow processes.)</p> <p>MDHHS/PIHP Contract, and BBA.</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
<p>Participate in Health Information Exchange processes as defined by MDHHS requirements and to improve care for persons served in the region. This includes acting not only as a receiver, but also a sender of information into the exchange. Develop process for submitting BH-ADTs per the statewide behavioral health ADT specification set.</p> <p>MDHHS/PIHP Contract</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
<p>Disseminate to the CMHSP's the specifications for encounter, Performance Indicators (MMBPIS), Critical Incidents, data submission, including:</p> <ul style="list-style-type: none"> • Dates due to MSHN • Method of submission to PIHP • Format of submission to PIHP Annual validation of PIHP PI indicators (1, 2, 3, 4 and 10) conducted at annual site visit. <p>MDHHS/PIHP Contract</p>	<p><input checked="" type="checkbox"/> Retained by MSHN</p> <p><input type="checkbox"/> Delegated to local CMHs</p>
<p>Create and manage data systems that store, extract, process, and submit region-wide 837 encounter and BH-TEDS data according to MMDHHS specifications.</p> <p>MDHHS/PIHP Contract</p>	<p><input checked="" type="checkbox"/> Retained by MSHN</p> <p><input type="checkbox"/> Delegated to local CMHs</p>
<p>Process and submit affiliation 837 encounter and BH-TEDS data.</p> <p>(Includes: Accept and convert CMHSP encounter (837) and BH-TEDS submissions and resubmissions, check them for accuracy and quality, combine them into PIHP files, submit the combined files to MDHHS according to their requirements, and store and track status on all files; Accept, understand, and work with error reports provided by MDHHS on 837 and BH-TEDS data submission to correct and resubmit data as require; Generate and distribute error reports to CMHSPs as needed, and work with CMHSPs to obtain corrected data submissions; Provide consultation to CMHSPs (i.e., provide guidance and requirements for solutions to issues on data quality and submission status).</p> <p>MDHHS/PIHP Contract</p>	<p><input checked="" type="checkbox"/> Retained by MSHN</p> <p><input type="checkbox"/> Delegated to local CMHs</p>
<p>Conduct formal assessments of the CMHSP capacity and capability for</p>	

<p>carrying out the delegated information systems management activities on an ongoing and annual basis.</p> <p>(This includes: Interview staff that perform data systems management activities; Inspect and review the CMHSP's data system(s) and/or documentation, including policies, procedures, and guidelines; Compare a sampling of BH-TEDS and encounter records to system data, and system data to submitted BH-TEDS and encounter data, to validate consumer data is being collected, processed, and reported properly; Create and distribute to the CMHSP the analysis and summary of the findings of the assessment: including: Problems, Solution recommendations or requirements, Request for corrective action plan; Verify that the CMHSP has completed the corrective action, and if not, report to the IS Director and Compliance Committee.)</p>	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
<p>The MSHN Corporate Compliance Committee will review all assessment results annually, or as needed to meet obligations of the PIHP.</p> <p>Reference MSHN Policy</p>	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
<p>Supports Intensity Scale, in compliance with the MDHHS/PIHP contract.</p>	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs

V. Person Centered Planning

PIHP Activity	Retained or delegated?
<p>MDHHS contract states: "The Michigan Mental Health Code establishes the right for all individuals to have an Individual Plan of Service (IPS) developed through a person-centered planning process (Section 712, added 1996). The Contractor (PIHP) shall implement person-centered planning in accordance with the MDHHS Person-Centered Planning Practice Guideline"</p>	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
<p>Development, modification, and monitoring of Affiliation policies and procedures related to PCP.</p> <p>Development, modification, and monitoring of training curriculum and resources to be used Affiliation wide.</p> <p>Development of review tool(s) related to PCP.</p>	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs

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VI. Provider Network

PIHP Activity	Retained or delegated?
<p>Local assessment of need for provider capacity. The CMHSP shall:</p> <ul style="list-style-type: none"> Annually evaluate the needed and actual capacity of its provider network and redistribute resources where necessary to ensure timely access and necessary service array to address consumer demands. 	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs *Task implemented by CMHSPs with oversight responsibility from PIHP.
<p>Local Network Development and Management:</p> <ul style="list-style-type: none"> Manage procurement of local providers sufficient to fulfill all PIHP delegated activities and to meet identified needs, including recruitment of staff (or contracted) interpreters, translators, and bilingual/bi-cultural clinicians Negotiate contracts between the CMHSP and providers based on a procurement method that meets state and federal standards and in accordance with PIHP policy <p>*Excludes SUD provider network development and management except for CCBHC network management requirements, as applicable</p>	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs *PIHP will have a common list of approved contractors, but individual CMHSPs are not required to utilize the services of any contractor who has been approved. There may be some central system for reporting on the performance of contractors; the details for this are still under consideration.
<p>Utilization of the standardized Regional Financial Management Services (FMS) Services contract template and site review monitoring tool.</p>	<input checked="" type="checkbox"/> Delegated to local CMHs and regionally standardized
<p>Maintenance of standardized Regional FMS Services contract template and site review monitoring tool.</p>	<input checked="" type="checkbox"/> Retained by MSHN
<p>Utilization of the standardized Inpatient Psychiatric Services contract template and site review monitoring tool.</p>	<input checked="" type="checkbox"/> Delegated to local CMHs and regionally standardized
<p>Maintenance of standardized Regional Inpatient Psychiatric Services contract template and site review monitoring tool.</p>	<input checked="" type="checkbox"/> Retained by MSHN
<p>Coordination and Continuity of Care:</p>	<input type="checkbox"/> Retained by MSHN

<ul style="list-style-type: none"> • Coordination of care with the QHP's within the CMHSP catchment area • Develop relationships with other Health Care providers and SUD Providers to ensure coordinated services and appropriate referrals. • Develop service coordination agreements with each of the pertinent public and private community-based organizations and providers to address issues that relate to a shared consumer base. 	<input checked="" type="checkbox"/> Delegated to local CMHs
<p>Monitor and Evaluate providers. The CMHSP shall:</p> <ul style="list-style-type: none"> • Have an established process for monitoring (at least annually) the performance of each provider relative to the contract. The monitoring process will minimally assess performance and compliance indicators established by the PIHP. <p>*Excludes SUD provider network development and management</p>	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
<p><u>Provider Credentialing:</u></p> <ul style="list-style-type: none"> • CMHSP shall credential providers, as appropriate, in accordance with the Credentialing section in this document. • Ensure that network providers residing and providing services in bordering states meet all applicable licensing and certification requirements within their state. c. • Have written policies and procedures, that comply with MSHN policies and procedures, for monitoring its providers and for sanctioning providers who are out of compliance with the MSHN's standards. <p>*Excludes SUD provider network development and management</p>	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs *There will be centralized reciprocity using uniform credentialing standards.
<p>Right, to approve, suspend & terminate individual practitioners, providers & sites if it has delegated decision-making.</p>	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
<p><u>Organizational Credentialing:</u></p> <ul style="list-style-type: none"> • Credential providers in accordance with MSHN Procedure: Credentialing – Organizational Providers. • Validate and revalidate, at least every two years, that the organizational provider is licensed or certified as necessary to operate in the State, and has not been excluded from Medicaid or Medicare participation. • Ensure the contract between CMHSP and any organizational provider requires provider to credential and recredential their employed and subcontract direct service providers in accordance with CMHSP policy and procedures (which must conform to MSHN and MDHHS credentialing processes). • Ensure those licensed and providing services in bordering states 	<input checked="" type="checkbox"/> Retained by MSHN (SUD Network Providers) <input checked="" type="checkbox"/> Delegated to local CMHs

<p>meet applicable licensing and certification requirements of that state.</p> <ul style="list-style-type: none"> • Mid-cycle primary source verification shall occur at time of license and/or other credential renewal as outlined in MSHN credentialing procedures Notify organization, in writing, of adverse credentialing decisions and ability to appeal. • Complete semi-annual reporting of credentialing activities, as required (refer to reporting requirements). • Ensure new contracts with new providers of services covered by the Federal HCBS Rule (42 CFR Parts 430, 431, 435, 436, 440, 441 and 447) only if the provider has obtained provisional approval status through completion of the HCBS New Provider Survey, demonstrating that the provider does not require heightened scrutiny. Provisional approval allows a new provider or an existing provider with a new setting or service to provide services to HCBS participants for 90 days <p>*Excludes SUD provider network development and management except for CCBHC SUD Network Management requirements, as applicable</p>	
<ul style="list-style-type: none"> • Licensed Independent Practitioner (LIP) Credentialing: CMHSP shall assure that all LIPs, whether employed or contracted by the CMHSP to provide clinical or medical services, will be credentialed; and all clinicians and physicians, whether employed or contracted by the CMHSP, will be privileged for each specific function to be performed • Credentialing and privileging shall be age and disability specific according to the populations served. • At minimum, the following credentials shall be verified, by primary source, prior to employment/contract and in accordance with timelines outlined in MSHN credentialing policies and procedures: <ul style="list-style-type: none"> ○ License or certification ○ Board Certification or highest level of credentials attained, or completion of any required internships/residency programs, or other postgraduate training ○ Documentation of graduation from an accredited school ○ NPDB or all of the following: <ul style="list-style-type: none"> ▪ Minimum 5 year history of professional liability claims resulting in judgment or settlement; ▪ Disciplinary status with regulatory board or agency; and ▪ Medicare/Medicaid sanctions ○ AMA or AOA may be used to satisfy requirements of (a.), (b.), and (c.) above if the individual being credentialed is a physician. • Ensure those licensed and providing services in bordering states 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Retained by MSHN (SUD Network Providers) <input checked="" type="checkbox"/> Delegated to local CMHs

<p>meet applicable licensing and certification requirements of that state.</p> <ul style="list-style-type: none"> • Notify LIPs, in writing, of adverse credentialing decisions and ability to appeal. • Mid-cycle primary source verification shall occur at time of license and/or other credential renewal as outlined in MSHN credentialing procedures. • Maintain copies of all initial and recredentialing applications, attestation statements, evidence of primary source verification, documentation of credentialing decisions, and notification(s) to LIP in the employees' or contractors' credentialing files in accordance with record retention procedures. • Credentialing shall occur at the time of employment/contract and at least biennially thereafter. • Demonstrate that processes do not discriminate against: a. A health care professional solely on the basis of license, registration, or certification and b. A healthcare professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment. • Monitor sub-contractors, at least annually, with adherence to above. • Complete semi-annual reporting of credentialing activities, as required (refer to reporting requirements) <p>*Excludes SUD provider network development and management</p>	
<p>Credentialing Monitoring and Evaluation</p> <ul style="list-style-type: none"> • MSHN, through delegated managed care reviews, will audit credentialing policies, procedures, and conduct a file review in accordance with the Monitoring and Evaluation policy and procedures. 	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
<p>Secure contract with and manage all CMHSP's and SUD Network Providers.</p>	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
<p>Establish PIHP Provider Network Management policies and procedures</p>	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
<p>Monitor capacity and demand for services in the PIHP region</p>	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
<p>Establish and delegate a local level process for soliciting network</p>	<input type="checkbox"/> Retained by MSHN

provider feedback and/or complaints	<input checked="" type="checkbox"/> Delegated to local CMHs PIHP retains process for soliciting CMHSP and SUD provider network complaints
Provider shall upload monthly to Payor its current provider network listing.	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs

VII. Quality Management

PIHP Activity	Retained or delegated?
Develop/Implement a Quality Assessment and Performance Improvement Program consistent with MDHHS/PIHP Medicaid Contract QAPIP Technical requirement <ul style="list-style-type: none"> • Complete QAPIP Annual Report • Develop QAPIP Annual Plan 	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHSPs
Local functions of quality assurance and management. These activities shall include: <ul style="list-style-type: none"> • develop and implement a Quality Improvement Program in accordance with the MDHHS/PIHP Medicaid Contract and the MSHN Quality Assessment and Performance Improvement Program. • ensure Best Practice Guidelines are adhered to • ensure that compliance issues are adequately addressed and reported to the PIHP. 	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
MDHHS/PIHP Medicaid Contract QAPIP TR	
Conduct Performance Improvement Projects (PIPs) as required by MDHHS.	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
MDHHS/PIHP Medicaid Contract QAPIP TR	
Establish a Behavior Treatment Plan Review Committee to review and approve or disapprove any plans that propose to use restrictive or intrusive interventions.	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
MDHHS/PIHP Medicaid Contract QAPIP TR	
Conduct, review, report, and complete quality improvement plans in accordance with the following Quality initiatives: <ul style="list-style-type: none"> • Two Performance Improvement Projects as required by MDHHS. • Michigan Mission Based Performance Indicators (MMBPIS) 	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs

<ul style="list-style-type: none"> • Sentinel Events, Critical Incidents, Risk Events and Root Cause Analysis as needed. • Consumer Experience Feedback (e.g., Consumer Surveys, , Self-Assessments, Focus Groups) • Behavior Treatment Data (restrictive and intrusive interventions, physical interventions, and 911 calls for behavioral assistance.) • Organizational Self-Assessment of trauma informed care (min every 3 years) • Other performance measures as agreed to through Operations council <p>MDHHS/PIHP Medicaid Contract QAPIP TR; PIHP Trauma Policy</p>	
<p>Disseminate to CMHSP Participants the specifications including due dates to MSHN, methods of submission, and format of submission for the following Quality activities:</p> <ul style="list-style-type: none"> • Two performance improvement projects as required by MDHHS • Mission Based Performance Indicator System (MMBPIS) • Sentinel Event, Critical Incident, and Risk Event reporting • Consumer Feedback (satisfaction surveys, self-assessments, focus groups etc.) • Behavior Treatment Data • Other performance measures as agreed to through Operations council <p>MDHHS/PIHP Medicaid Contract QAPIP TR</p>	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
<p>The PIHP will utilize an Affiliation wide process to provide oversight and guidance through provider monitoring, data aggregation, analysis, and identification of improvement efforts to the CMHSP for the following Quality activities:</p> <ul style="list-style-type: none"> • Two performance improvement projects as required by MDHHS • MMBPIS • Critical Incident Review System • Behavior Treatment Plan Review • Consumer Experience Feedback • Other performance measures as agreed to through Operations council <p>MDHHS/PIHP Medicaid Contract QAPIP TR</p>	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs

VIII. Self-Determination

PIHP Activity	Retained or delegated?
<p>Part II(A) Section 4.7 of the MDHHS contract states: "It is the expectation that PIHPs will assure compliance among their network of service providers with the elements of the Self-Determination Policy and Practice Guideline dated 10/1/12 contract attachment 4.7.1. "</p>	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs

Development, modification, and monitoring of Affiliation policies and procedures related to SD.	<input checked="" type="checkbox"/> Retained by MSHN
Development, modification, and monitoring of training curriculum and resources to be used Affiliation wide.	<input type="checkbox"/> Delegated to local CMHs
Development of review tool(s) related to SD.	

IX. Utilization Management

PIHP Activity	Retained or delegated?
<p>Prospective approval or denial of requested service:</p> <ul style="list-style-type: none"> • Full review with new UM Work Plan • Initial assessment for and authorization of psychiatric inpatient services • Initial assessment for and authorization of psychiatric partial hospitalization services • Initial and ongoing authorization of services to individuals receiving community-based services- Grievance and Appeals, Second Opinion management, coordination and notification- Communication with consumers regarding UM decisions, including adequate and advance notice, right to second opinion and grievance and appeal 	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs <p>*This topic has been marked as an implementation issue requiring the development of a specific policy or procedure at the MSHN level.</p>
Local-level Concurrent and Retrospective Reviews of affiliate Authorization and Utilization Management decisions/activities to internally monitor authorization decisions and congruencies regarding level of need with level of service, consistent with PIHP policy, standards and protocols.	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs

Persons who are enrolled on a habilitation supports waiver must be certified as current enrollees and be re-certified annually. A copy of the certification form must be in the individual's file and signed by the local CMHSP representative.	*This will be a local responsibility that is prompted centrally by MSHN . It will be a central responsibility to manage the resource of waiver slots and provide oversight.
Development, adoption and dissemination of Practice Guidelines (PGs), Medical Necessity Criteria, and other Standards to be used by the Provider Network. 42 CFR: 438.236: Practice Guidelines	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
Development, modification and monitoring of related PIHP UM Policy, Procedures and Annual Plan as part of the Affiliation QI Plan.	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
Review and Analysis of the Provider Networks quarterly utilization activity and reporting of services. Annual review of each Provider and the PIHP's overall Utilization Activities.	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
Use nationally-recognized criteria (MCG Behavioral Health Medical Necessity Guidelines) based on sound clinical evidence to ensure a consistent benefit across the region, needs identification instruments, and the person-centered planning process to make utilization management (UM) decisions for behavioral health services as well as for agreed upon thresholds comparable to all Michigan Pre-Paid Inpatient Health Plans (PIHPs).	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
Review of CMHSP policies and procedures and quarterly UM analysis of data toward compliance with all aspects of consistent application of medical necessity criteria for acute care services.	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs

X. **Integrated Health**

PIHP Activity	Retained or delegated?
Participate in PIHP/MHP Joint Performance Metrics and Measures as outlined in the MDHHS/PIHP contract.	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
Implementation of Joint Care Management Processes: Facilitate	

<p>monthly care coordination meetings and joint care management plans in CareConnect 360 for members with identified high risk factors who are receiving services from a Medicaid Health Plan and PIHP/CMHSP.</p> <p>Data validation activities as required by MDHHS.</p>	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
<p>Provide local level coordination among all providers (behavioral health and physical health) for persons being served; provide status updates to MSHN as requested to support care coordination activities between funders of services (PIHP and MHP)</p>	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
<p>Coordination and Continuity of Care: Implement procedure to coordinate the services that the CMHSP furnishes to the consumer with the services that the consumer receives from other entities.</p>	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs

XI. 1915(i) State Plan Amendment, Children’s Waiver and Serious and Emotional Disturbance Waiver

1915(i) State Plan Amendment	Retained or delegated?
<p>The PIHP shall ensure independent and unbiased examination of all persons who meet the eligibility criteria for the 1915(i) and submit to MDHHS reviewed and approved assessments and evaluations.</p>	<input checked="" type="checkbox"/> Retained by MSHN Review and submission to MDHHS for approval <input checked="" type="checkbox"/> Delegated to local CMHs CMHSP local responsibility to determine eligibility.
<p>The PIHP shall ensure that the determination of continuing eligibility is completed and reviewed for and submitted to the Michigan Department of Health and Human Services (MDHHS).</p>	<input checked="" type="checkbox"/> Retained by MSHN Review and submission to MDHHS for approval <input checked="" type="checkbox"/> Delegated to local CMHs Formal review of the individual plan of service no less than annually
<p>The PIHP shall oversee and assure that services are provided in amount, scope, and duration as specified in the approved plan.</p>	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs

Children's Waiver	Retained or delegated?
<p>The PIHP shall identify children who meet the eligibility criteria for the Children's Waiver Program and submit to MDHHS prescreens for those children.</p>	<p><input type="checkbox"/> Retained by MSHN Review and submission to MDHHS for approval</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs CMHSP local responsibility to determine eligibility.</p>
<p>The PIHP shall carry out administrative and operational functions delegated by MDHHS to the PIHP as specified in the CMS approved C-waiver application. These delegated functions include: level of care determination; review of participant service plans; prior authorization of waiver services; utilization management; qualified provider enrollment; quality assurance and quality improvement activities.</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs with oversight and monitoring by PIHP</p>
<p>The PIHP shall review and approve the appropriate Category of Care/Intensity of Care and the amount of publicly funded hourly care for each Children's Waiver Program recipient per the Medicaid Provider Manual.</p>	<p><input checked="" type="checkbox"/> Retained by MSHN Review and submission to MDHHS for approval</p> <p><input type="checkbox"/> Delegated to local CMHs</p>
<p>The PIHP shall oversee and assure that services are provided in amount, scope, and duration as specified in the approved plan.</p> <p>The PIHP shall assure via oversight that CWP services will not be provided for CWP enrolled beneficiaries who reside in an institutional setting, including a Psychiatric Hospital, CCI, or are incarcerated for an entire month.</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
Serious Emotional Disturbance Waiver	Retained or delegated?
<p>PIHP shall assess eligibility for the SEDW and submit applications to the MDHHS for those children the PIHP determines are eligible.</p>	<p><input checked="" type="checkbox"/> Retained by MSHN Review and submission to MDHHS for approval</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs CMHSP local responsibility to determine eligibility.</p>
<p>The PIHP shall carry out administrative and operational functions delegated by MDHHS to the PIHP as specified in the CMS approved C-waiver application. These delegated functions include: level of care determination; review of participant service plans; prior authorization of waiver services; utilization management; qualified provider enrollment; quality assurance and quality improvement activities.</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs with oversight and monitoring by PIHP</p>

<p>The PIHP shall oversee and assure that services are provided in amount, scope, and duration as specified in the approved plan.</p> <p>PIHPs must assure sufficient service capacity to meet the needs of SEDW recipients.</p> <p>The PIHP shall assure via oversight that SEDW services will not be provided for SEDW enrolled beneficiaries who reside in an institutional setting, including a Psychiatric Hospital, CCI, or are incarcerated for an entire month.</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs with oversight and monitoring by PIHP</p>
<p>Ensure that local agreements with County local MDHHS offices are developed that outline roles and responsibilities regarding the MDHHS SEDW Child Welfare Project.</p> <p>Participate in required SEDW Child Welfare Project State/Local technical assistance meetings and trainings.</p>	<p><input type="checkbox"/> Retained by MSHN</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs</p>
<p>Local MDHHS workers, PIHP SEDW Coordinator, CMHSP SEDW Leads and Wraparound Supervisors identify a specific referral process for children identified as potentially eligible for the SEDW.</p> <p>Participate in required SEDW Child Welfare Project State/Local technical assistance meetings and trainings.</p> <p>Collect and report to MDHHS all data as requested by MDHHS.</p>	<p><input checked="" type="checkbox"/> Retained by MSHN Aggregation and Reporting to MDHHS</p> <p><input checked="" type="checkbox"/> Delegated to local CMHs Collection and reporting to the PIHP</p> <p>*PIHP Lead to participate in referral process, meetings and trainings.</p> <p>*CMHSP Leads to participate in referral process, meetings and trainings.</p>

XII. Compliance

Compliance	Retained or delegated?
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Develop, approve and implement MSHN's Corporate Compliance Plan and complete an effectiveness report on an annual basis	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
Adopt MSHN Compliance Plan or develop a Compliance Plan that is in compliance with MSHN Compliance Plan	Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
MSHN Corporate Compliance Committee: <ul style="list-style-type: none"> • Review audit and monitoring results • Develop data mining activities and review results • Provide feedback related to compliance related activities • Provide feedback for MSHN Corporate Compliance Plan • Review and provide feedback for the annual Compliance Plan effectiveness report • Provide feedback on development of new Compliance related policies and procedures and complete annual review of current Compliance related policies and procedures 	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
Participation in Regional Compliance Committee <ul style="list-style-type: none"> • Advising the MSHN Director of Customer Service, Compliance and Quality Improvement on matters related to compliance • Assist in the review of, and compliance with, contractual requirements related to program integrity and 42 CFR 438.608 • Assist in developing reporting procedures consistent with federal requirements • Assist in developing data reports consistent with contractual requirements • Assisting with the review, implementation, operation, and distribution of the MSHN Compliance Plan • Reviewing and updating, as necessary, MSHN policies and procedures related to compliance • Evaluating the effectiveness of the Compliance Plan • Determining the appropriate strategy/approach to promote compliance and detect potential violations and areas of risk as well as areas of focus • Recommending and monitoring the development of internal systems and controls to carry out the Compliance Plan and supporting policies as part of daily operations. • Reviewing compliance related audit results and corrective action plans, making recommendations when appropriate. • Assisting in development and implementation of compliance related trainings. 	Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs
Implementation of Compliance Monitoring activities outlined within the MSHN Corporate Compliance Plan and MSHN Compliance Procedures to comply with applicable laws, regulations and program requirements.	<input type="checkbox"/> Retained by MSHN <input checked="" type="checkbox"/> Delegated to local CMHs *Conducted by CMHSPs

	with oversight from PIHP.
Submission of quarterly Office of Inspector General activity report to the PIHP	Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
Submission of quarterly Office of Inspector General activity report to the Office of Inspector General by the PIHP	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
Completion of local level compliance related investigations reported directly to the CMHSP, at the direction of the PIHP or as a result of an Office of Inspector General referral	Retained by MSHN <input type="checkbox"/> Delegated to local CMHs
Completion of PIHP level compliance related investigations reported directly to the PIHP or as a result of an Office of Inspector General referral	<input checked="" type="checkbox"/> Retained by MSHN <input type="checkbox"/> Delegated to local CMHs