



2024 SUDSP Delegated Functions Tool

#	Standard/Element	Source	Evidence May include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
Access and Eligibility (Utilization Management)					
1.1	Policy/procedure identifies access system is available 24 hours per day, 7 days per week or provider has process to ensure consumer ability to access after hour services.	PIHP Contract; Access System Standards	Access Policies and procedures, Method of informing consumers, After hour voicemail	Policy/procedure specifically addresses how after-hours calls are handled; if provider does not have 24/7 answering the policy/procedure identifies where callers are redirected to for immediate assistance (i.e.: CMH Access Center, call answering service, etc.) Provider process should not direct callers to MSHN after hours	
1.2	Access system policy/procedure provides appropriate process based on <ul style="list-style-type: none"> • presenting circumstances and/or • referral requirements • Priority population status 	PIHP Contract Access System Standards	in policies and procedures for access and availability, Screening Procedures, call logs	Priority Population to include MDOC referred individuals 10/1/2020 (FY21 contract). Policy/Procedure must include the state-designated priority population and response time grid. Policy/procedure should also specifically address how emergency/crisis situations are screened for and appropriate response	
1.3	Policy/procedure details the process by which individuals approaching the access system are informed of available service options and how to access services”	Access System Standards	Policy, procedure		
1.4	Policy/procedures identifies a professional screening is conducted at the point of first contact using the REMI Level of Care Determination	PIHP Contract Access System Standards, SUD Provider Contract	Policy/Procedure, Brief Screening and REMI LOC Determination	Policy/procedure and staff training should specifically identify that REMI LOC Determination is being used for	



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	resulting in a provisional eligibility determination and ASAM level of care recommendation.			all individuals who request services. Providers should not be using “homegrown” or other screening tools over the phone.	
Information (Customer Service)					
2.1	Information Requirements and Notices: The Provider shall provide the following information to all consumers: Names, locations, telephone numbers of, and non-English languages spoken by current providers in the consumer’s service area, including identification of providers that are not accepting new patients.	SUD Contract, 42 CFR 438.10(f)(6)(i) MDHHS PIHP Contract 6.3.2	Member Handbook, Procedure, Provider Choice Listing document provided to consumers, other related documentation		
2.2	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 6.9 grade reading level when possible (i.e., it may be necessary to include medications, diagnoses and conditions that do not meet criteria).	42 CFR 438.100;4 2 CFR. 438.10(c)(1); 42 CFR 438.10(d)(1)(i); MDHHS Contract 6.3.2 42 CFR4438.10(b)(3)	Policy, procedure, Method used to ensure the readability level Report/tracking of verifying reading level	A documented method of procedure to document the process of evaluating local information for readability.	
2.3	Written materials are available in alternative formats that consider the special needs of the consumer,	42 CFR 438.10(d)(1)(ii); MDHHS Contract 6.3.2	Samples of written materials in alternative		



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	including those with vision impairments or limited reading proficiency as required by the ADA. Treatment will be modified to effectively serve individuals who are deaf, hard of hearing, deaf, and blind as determined by their language skills and preferences.		formats, materials tracking spreadsheet		
2.4	Written materials, including information developed by the PIHP, are available in the prevalent non-English languages of the service area	42 CFR 438.10(d) (1)(ii); MDHHS Contract 6.3.3	Samples of written materials in languages meeting LEP requirements; State provided materials, such as Spanish Recipients Rights brochure, Spanish Recipient Rights poster		
2.5	A policy and/or procedure is in place for accessing the language needs of individuals served.	42 CFR 438.100(a)(1); MDHHS Contract 6.3.24	Copy of policy/procedure that references process for accessing language needs of community.		
2.6	Oral interpretation of all languages is available free of charge	42 CFR 438.10(d)4 MDHHS Contract 6.3.2	Policy, contract for language interpreter	The provider should have an established procedure to contact a language interpreter when an individual presents in person or over the phone.	
2.7	The consumer is provided information on the amount, duration, and scope of services available in sufficient detail to ensure that consumers understand	CFR 438.210(a)(3)(ii) 42 CFR 438.10(g)(2)(ii)	Member Handbook, policy, other related documentation		



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	the services to which they are entitled				
2.8	The consumer is provided information on procedures for obtaining services including authorization requirements	42 CFR 438.210(b)(1)	Member Handbook, other related procedures/ documentation		
2.9	The consumer is provided information on the extent to which, and how, recipients may obtain benefits from out of network providers	42 CFR 438.206(b)(4)	Member Handbook, other related procedures/ documentation		
2.10	The consumer is provided information on the extent of and how after-hours crisis services are provided; including definitions and locations of emergency and post-stabilization services and the right to access such services	MDHHS Contract P4.1.1(II) (d)	Member Handbook, other related procedures/ documentation		
2.11	The consumer is provided information on consumer rights and protections, including information about the right to file grievances and appeals, the requirements and time frames for filing a grievance or appeal, the availability of assistance in the filing process, the toll-free numbers that consumers can use to file a grievance or an appeal by phone, the right to a State Fair Hearing, and the fact that benefits can continue if requested by	42 CFR Subpart F - Grievance and Appeal System; MDHHS Contract, Appeal and Grievance Resolution Processes Technical Requirement	Member Handbook, other related procedures/ documentation	Providers should have a Customer Service or Grievance and Appeals policy which includes this information.	



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	consumer pending an appeal or hearing decision				
2.12	The consumer is provided information on any cost-sharing and how to access any other benefits available under the state plan but not covered in contract	MDHHS Contract 7.8.2.4 Third Party Resource Requirements; Medicaid Premiums and Cost Sharing (42 CFR 447.50 - 447.90)	Member Handbook, other related procedures/ documentation		
2.13	The consumer is provided information on how to obtain additional information, upon request, regarding the PIHP operational structure and physician incentive plans	MDHHS Contract - Customer Service Standards	Member Handbook, other related procedures/ documentation		
2.14	Consumers are notified of their right to receive all required information at least once per year.	MDHHS Contract - Customer Service Standards	Member Handbook, Policy, procedure		
2.15	The SUDSP has a written advance directives policy and procedures	42 CFR 422.128(a) MDHHS Contract 7.10.5	Policy/procedures	Policy and procedure are required. May be stand alone or incorporated with other Customer Service-related requirements.	
2.16	The advance directives policy requires that there be 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) MDHHS Contract 7.10.5	Policy, procedure, Chart documentation	A signed document which reports that acceptance or waiver of an advance directive should be in the chart documentation. The process should also be denoted in the AD procedure.	
2.17	The SUDSP provides all adult beneficiaries with written	42 CFR 438.6(i)(3); 42 CFR 422.128(b)(1)(ii)(B)	Policy, procedures, related written		



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	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	MDHHS Contract 7.10.5; Advance Directives	materials, Advance Directive brochure		
Enrollee Rights (Customer Service)					
3.1	Local communication occurs with consumers regarding the role and purpose of the PIHP’s Customer Services and Recipient Rights Office.	MDHHS Contract 6.3	Flyers, brochures, Member Handbook, other related documentation, intake packet		
3.2	Medicaid beneficiaries receive a Member Handbook when they first come to service. Thereafter, providers shall offer the most current version of the handbook annually at the time of person-centered planning, or sooner if substantial changes have been made to the handbook.	42 CFR 438.10(c)(4)(ii) MDHHS Contract P 6.3.1.1	Policy, procedures, current version of Member Handbook, and/or other written materials, Intake packet		
3.3	Consumers are allowed to choose their health care professional(s) to the extent possible and appropriate.	42 CFR 431.51	Policy language and/or other written materials related to consumer choice of treatment professional; Member Handbook		



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3.4	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);	LARA Recipient Rights brochure, policies, Member Handbook		
3.5	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)	LARA Recipient Rights brochures, Member Handbook, policy, and procedures		
3.6	A Provider not electing to provide, reimburse for, or provide coverage of, a counseling or referral service based on objections to the service on a moral or religious grounds must furnish information about the services it does not cover as follows: <ul style="list-style-type: none"> • Inform the PIHP prior to any action • To potential enrollees, before and during enrollment; and • To enrollees, within 90 days after adopting the policy with respect to any particular service, with the overriding rule to furnish the information 30 days before the policy effective date 	42CFR438.10(g)(2)(ii) (A)	Policy language or description of information about the service it does not cover		
3.7	The Provider's policies provide the enrollee the right to participate in	42 CFR 438.100(b)(2)(iv)	LARA Recipient Rights brochure, policy,		



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	decisions regarding his or her healthcare, including the right to refuse treatment.		Member Handbook, procedures		
3.8	The Provider's 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)(iv)	LARA Recipient Rights brochure, policy, Member Handbook Policy		
3.9	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(c);	LARA Recipient Rights brochure, policy, Member Handbook Policy		
3.10	The program shall have a policy and procedure to ensure compliance with recipient rights requirements and a staff member identified to function as the program rights advisor	R 325.1397(1)(a)	Policy, other related documentation	SUD Recipient Rights Policy (LARA Requirement)	
3.11	There is evidence that the Recipient Rights Advisor has been trained on the recipient rights procedures.	R 325.1397(1)(a)(i)	Policy, proof/description of training, other related documentation	proof of training for the Advisor	
3.12	The Recipient Rights Advisor receives and investigates all recipient rights complaints.	R 325. 1397(1)(a)(ii)	Policy, procedures, other related documentation		
3.13	The Recipient Rights Advisor communicates directly with the regional rights consultant when a complaint cannot be resolved at the program level.	R 325. 1397(1)(a)(iii)	Policy, other related documentation, procedures		
3.14	Copies of recipient rights policies and procedures shall be provided to	R 325. 1397(2)	Policy, other related documentation,		



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	each member of the program staff. Each staff member shall review the policies and procedures and shall sign a form that indicates that he or she understands and shall abide by the policies and procedures. A signed copy shall be maintained in the staff personnel file.		procedures, sample document provider utilizes for staff files		
Grievance and Appeals					
4.1	There are publicized and available grievance and appeal mechanisms for consumers.	42 CFR Subpart F - Grievance and Appeal System. MDHHS Appeal and Grievance Resolution Processes Technical Requirement	Policy, Member handbook, MDHHS notification letters, evidence of written materials related to appeal mechanisms,		
4.2	An Adverse Benefit Determination (ABD) for a denial is sent to both the consumer and the provider, as applicable. Th ABD includes a description of how to file an appeal.	MDHHS Appeal and Grievance Resolution Processes Technical Requirement	Policy and procedure, notification of denial ABD letter, related written materials		
4.3	Incentives are not present for the denial, limitation, or discontinuation of services to any consumer.	42 CFR 438.404(c); MDHHS Appeal and Grievance Resolution Processes Technical Requirement	Policy, procedures, Member Handbook		
4.4	Consumers are provided with written adequate notice of an Adverse Benefit Determination (ABD) regarding authorization of	42 CFR 438.210(c); 42 CFR 438.404; MDHHS Appeal and Grievance Resolution	Policy/procedure, copy of ABD template	Reviewer to ensure policies and procedures identify/include the number of days when notice will be sent	



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	services: at the time of the decision to deny payment for a service (on the same date the action takes effect); at the time of the signing of the individual plan of services/supports; within 14 calendar days of the request for a standard service authorization if the decision will deny or limit services; and within 72 hours of the request for an expedited service authorization if the decision will deny or limit services	Processes Technical Requirement			
4.5	Provider must utilize the state developed Adverse Benefit Determination template provided by MDHHS within the MSHN REMI system.	42 CFR 438.404(b), etc.; MDHHS Appeal and Grievance Resolution Processes Technical Requirement MSHN SUD Provider Manual	Policy/procedure, sample notices	Reviewer will tie this score to the ABD letter supplemental review when applicable	
4.6	Consumers are provided with 10 calendar days advance notice of an Adverse Benefit Determination before the intended action to reduce, suspend, or terminate previously authorized services.	42 CFR 438.404(c), etc.; MDHHS Appeal and Grievance Resolution Processes Technical Requirement	Policy/procedure, local notice templates	Reviewer to ensure policies and procedures identify/include the number of days when notice will be sent	
4.7	Consumers are given reasonable assistance to complete forms and to take other procedural steps to file a grievance, appeal, and/or State Fair Hearing request. This includes but is	42 CFR 438.406(a); MDHHS Appeal and Grievance Resolution Processes Technical Requirement	Policy/procedure, Member Handbook, ABD Letter template		



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	not limited to providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.				
4.8	A local appeal process has been established for Medicaid consumers to appeal an Adverse Benefit Determination, and consumers are informed of the availability of this process.	42 CFR 438.402(a); MDHHS Appeal and Grievance Resolution Processes Technical Requirement ; 42 CFR 438.410(c)	Policy/procedure, Member Handbook	Reviewer will look for the actual procedure for provider local appeals i.e., the internal process once an appeal is received including ensuring person not involved with the client reviews and who has final authority to approve/deny	
4.9	An expedited appeal process has been established for Medicaid consumers to appeal an Adverse Benefit Determination, and consumers are informed of the availability of this process.	42 CFR 438.410(c); MDHHS Appeal and Grievance Resolution Processes Technical Requirement	Policy/procedure	Reviewer will look for the actual procedure for provider local appeals i.e., the internal process once an appeal is received including ensuring person not involved with the client reviews and who has final authority to approve/deny	
4.10	If a request for an expedited resolution of an appeal is denied, the Provider: •Transfers the appeal to the standard resolution time frame. • Initiates reasonable efforts to provide prompt oral notice of the denial. •Provides follow-up written notice to consumers within 2 calendar days. • Resolve the Appeal as expeditiously as the Enrollee’s	42 CFR 438.402(a); MDHHS Appeal and Grievance Resolution Processes Technical Requirement ; 42 CFR 438.410(c);	Policy, procedure		



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	health condition requires but not to exceed 30 calendar days.				
4.11	Receipt of each grievance and appeal is acknowledged. Acknowledgement letters are prepared within the MSHN REMI system.	42 CFR 438.400; MDHHS Appeal and Grievance Resolution Processes Technical Requirement	Policy, procedure, sample notices	Reviewer will tie score for this standard to sample grievance and appeal review (if applicable) along with policy and other evidence provided	
4.12	A written notice of the disposition of a grievance and appeal is provided and reasonable efforts to provide oral notice of an expedited resolution is made. The notice of the disposition is prepared within the MSHN REMI system.	42 CFR 438.408; MDHHS Appeal and Grievance Resolution Processes Technical Requirement	Policy/procedure, sample notices	Reviewer will tie score for this standard to sample grievance and appeal review (if applicable) along with policy and other evidence provided	
4.13	Oral requests for a grievance or local appeal of an action are accepted.	42 CFR 438.400; MDHHS Appeal and Grievance Resolution Processes Technical Requirement	Policy, procedure		
4.14	A log of all requests for appeal is maintained within the MSHN REMI system to allow reporting to the PIHP Quality Improvement Program that ensures individuals who make the decisions on appeal were not involved in the previous level review or decision-making.	42 CFR 438.416; MDHHS Appeal and Grievance Resolution Processes Technical Requirement ; 42 CFR 438.405(a)	Policy, procedure, log, or log template if have no reported grievances and appeals, sample of quarterly G&A reports, REMI Log	MSHN SUD maintains log in REMI. Reviewer to review SUD process for ensuring this is completed.	
4.15	A log of all grievances is maintained within the MSHN REMI system to allow reporting to the PIHP Quality	42 CFR 438.416; MDHHS Appeal and Grievance Resolution	Policy, procedure, log, or log template if have no reported grievances	MSHN SUD maintains log in REMI. Reviewer to review SUD	



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	Improvement Program that ensures individuals who make the decisions on grievance were not involved in the previous level review or decision-making.	Processes Technical Requirement ; 42 CFR 438.405(a)	and appeals, sample of quarterly G&A reports	process for ensuring this is completed.	
4.16	Provider utilizes the state developed Appeal disposition notice template provided by MDHHS within the MSHN REMI system.	42 CFR 438.408(d)(2)(I); 42 CFR 438.408(e); MDHHS Appeal and Grievance Resolution Processes Technical Requirement	Policy, procedure and copy of MSHN disposition letter templates, Fair Hearings Form		
Compliance					
5.1	The Provider has an implemented Compliance Plan in accordance with state and federal laws and guidelines.	MSHN SUD Contract, II. Treatment Service Obligations of the Provider, C. Other Provisions, 20. Program Compliance, MDHHS/PIHP Contract, CFR 438.608; R325.1343	Compliance Plan		
5.2	There are written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable Federal and State standards, and to guard against fraud and abuse.	MSHN SUD Contract, MDHHS/PIHP Contract, CFR 438.608	Compliance Plan, Policies, Procedures		
5.3	There are clearly defined practices that provide for prevention, detection, investigation, and	MSHN SUD Contract, MDHHS/PIHP Contract, CFR 438.608	Compliance Plan, Policies, Procedures	Reviewer to look for procedure provider uses to meet this standard rather than just a	



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	remediation of any compliance related matter.			general statement- what practices does provider use for prevention, detection, etc.	
5.4	There is a designated Compliance Officer and a Compliance Committee that are accountable to senior management.	MSHN SUD Contract; MDHHS/PIHP Contract, CFR 438.608	Compliance Plan, Policies, Procedures		
5.5	The Compliance Officer and organization's employees have received appropriate compliance related training and education, including training on the compliance plan and related policies and procedure.	MSHN SUD Contract; MDHHS/PIHP Contract, CFR 438.608	Compliance Plan, Policies, Procedures		
5.6	There are well publicized disciplinary guidelines and enforcement standards related to compliance.	MSHN SUD Contract; MDHHS/PIHP Contract, CFR 438.608	Compliance Plan, Policies, Procedures		
5.7	There is a process for routine internal monitoring and auditing of compliance risks and prompt reporting of compliance related issues.	MSHN SUD Contract; MDHHS/PIHP Contract, CFR 438.608	Compliance Plan, Policies, Procedures	How/who conducts monitoring and how is risk established	
5.8	There is a process for a prompt response to detected compliance related offenses and the requirement of plans of correction as needed.	MSHN SUD Contract; MDHHS/PIHP Contract, CFR 438.608	Compliance Plan, Policies, Procedures		
5.9	The Provider has a process in place to ensure immediate reporting to the MSHN Compliance Officer regarding any suspicion of	MSHN SUD Contract; MDHHS/PIHP Contract, CFR 438.608	Compliance Plan, Policies, Procedures		



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	knowledge of Medicaid fraud and abuse prior to attempting to investigate or resolve the alleged fraud and/or abuse.				
5.10	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.	MSHN SUD Contract; MDHHS/PIHP Contract, CFR 438.608	Compliance Plan, Policies, Procedures		
QUALITY					
6.1	The Provider must have a process for evaluating consumer experiences, identifying sources of dissatisfaction, taking specific action as needed, outlining systemic actions steps, monitoring for effectiveness, and communicating results.	MSHN SUD Contract; MSHN Quality Assessment and Performance Improvement Program MDHHS Quality Assessment and Performance Improvement Programs Technical Requirement	QAPIP Plan and Report. Policies, Procedures An analysis which includes the results of the consumer experience/satisfaction survey with action steps taken as needed.	Evidence must include the process for evaluation of the consumer experience and include a report(analysis) of the results including interventions to improve performance. The MSHN survey can be used if there is evidence of reviewing internally and actions taken if needed.	
6.2	The Provider implements a process for identification, review, analysis, and reporting of sentinel/critical events to external entities as required.	SUD Contract MDHHS QAPIP TR MSHN QAPIP Plan PIHP Contract	Policy/procedure, evidence of implementing the policy by tracking/submitted events, performance reports. Primary Source	Ensure documentation has a process to identify, review and report the required events as identified in MSHN Incident Review Policy for SUD. Quality Incidents SUD Providers .pdf	



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			Verification of a sample of submitted events	Primary Source Verification of submitted events Include the results of the Primary Source Verification in this standard. Applies to 24-hour Residential (including 24-hour withdrawal management) MSHN Reviewer should have clinical experience.	
6.3	The Provider implements a process to identify sentinel events (within 3 business days of the incident), beginning a root cause analysis (RCA) (within 2 business days of the identification of the sentinel event). The RCA must include action steps based on the results or documentation as to why none apply, person responsible, and timelines for completion.	MSHN SUD Contract, MDHHS QAIP TR MSHN QAIP Plan	QAIP plan and report, Policy, Procedures, Data review-Incident Reports, primary source verification. Tracking system, and RCA when applicable	Ensure written documentation includes a process for reviewing the event and reporting the event to MSHN. It should include the required timeframes of sentinel event identified within 3 business days of the incident. If sentinel a root cause analysis must commence within 2 business days. Applies to SUD 24-hour residential/24-hour withdrawal management. Primary source Verification of submitted events; Review of incident report or tracking to ensure policy/procedure is implemented. Quality Sentinel Events.pdf MSHN Reviewer must be licensed clinician	



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6.4	Michigan Mission Based Performance Indicator System (MMBPIS) - The Provider completes accurate documentation in REMI consistent with MMBPIS requirements.	MSHN SUD Contract, Quality Assessment Performance Improvement Plan, Policy and procedures Michigan Mission Based Performance Indicators System Policy/Codebook	Policy/Procedure, QAPIP, Performance Reports	Written documentation should include coordination and planning after discharge from Detox. Primary Source Verification of records entered and submitted. Reviewer to review sample selection and specifically review discharge entries in REMI for accuracy.	
Individual Treatment, Recovery Planning, Documentation Standards					
7.1	The provider has policies/procedures in place to ensure that the individual needs of each client and their unique strengths are included in the treatment/recovery plan.	BSAAS Policy #06, p. 2 of 5	Policy/Procedure		
7.2	Goals and objectives will be written using SMART criteria. (S- Specific, M- Measurable, A- Attainable, R- Relevant, T- Time-bound)	Treatment Policy #06: Individualized Treatment Planning	Policy/Procedure		
7.3	The client, counselor, and other involved individuals, such as significant others, family, and mental health providers, must sign the form indicating understanding of the plan and the expectations.	BSAAS Policy #06, p. 2 of 5	Policy/Procedure		
7.4	Each individual receiving services will have an individual plan of service which outlines the services	MSHN SUD Provider Manual, Individualized	Policy/Procedure		



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	to be received, including the amount, scope, and duration.	Treatment Planning section MSHN SUD Provider Manual, Individualized Treatment Planning section LARA R.125.1363.1B			
7.5	A recipient shall participate in the development of his or her treatment plan as evidenced by: a. Person is present and participating during plan development b. Goals and objectives reflect person-first language.	Treatment Policy #06, PA 368 of 1978, Recipient Rights Rules, Section 305(1)), p. 1 of 5	Policy/Procedure		
7.6	Throughout the treatment process, as the client’s needs change, the plan must be revised to meet the new needs of the client.	BSAAS Policy #06, p. 2 of 5	Policy/Procedure		
7.7	Any individual or group sessions that the client participates in must address or be related to the goals and objectives in the individual’s plan.	Treatment Policy #06: Individualized Treatment Planning, 2012, p. 3 of 5	Policy/Procedure		
7.8	Progress notes include documentation of consumer’s progress, or lack of, as it relates to the plan goals/objectives.	Treatment Policy #06, p. 4 of 5	Policy/Procedure		
7.9	<u>Frequency of Treatment Plan Reviews</u>	MI Administrative Rules R 325.1363(2) Treatment	Policy/Procedure	Policy/Procedure and staff training should reflect that	



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	<p>Outpatient: Periodic Review of outpatient treatment plans should be within 90 days, but for more intensive services (e.g., IOP) and/or based on higher intensity client needs, more frequent reviews are required.</p> <p>Residential/Withdrawal Management: Periodic review of residential/withdrawal management treatment plans should take place every fourteen (14) days for residential/withdrawal management services.</p>	plans, excluding CAIT and SARF MSHN Provider Contract ASAM Criteria	Treatment Plan Review Document	provider has a process in place for ensuring treatment plans are reviewed at the required frequency. Ideally, provider has a process in place for tracking timeliness/due dates of treatment plan reviews	
7.10	Treatment plan reviews are reflective of the review time frame progress notes and record information; include rationale for continuing or discontinuing goals/objectives; identify new objectives/goals; include evidence of consumer feedback; include signatures of consumer, counselor, and other relevant parties as is relevant.	BSAAS Policy #06	Policy/Procedure, Treatment Plan Review Document		
7.11	Fetal Alcohol Spectrum Disorder (FASD): Policies/procedures in place to a) prescreen for potential FASD of all dependent children and b) provide FASD prevention & education	MDHHS Treatment Policy #11, MDHHS Treatment Contract	Policy/Procedure, Pre-screen(s), Referrals, Prevention Activities (Description, curriculum, etc.)	FASD Policies and procedures include The possibility of prenatal exposure should be considered for children in families who have experienced one or more of the	



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				following (i) Premature maternal death related to alcohol use (either disease or trauma) (ii) Living with an alcoholic parent (iii) Current or historical abuse or neglect (iv) Current or historical involvement with Child Protective Services (v) History of transient care giving institutions or (iv) Foster or adoptive placements (including kinship care) and d) Include FASD prevention into treatment regimen. Including providing education on the risks of drinking during pregnancy	
7.12	Medication Assisted Treatment Provider promotes a MAT-inclusive treatment philosophy as evidenced by policies and procedures that ensure: <ul style="list-style-type: none"> • All persons who are eligible to receive treatment are served including those who use MAT as part of their recovery plan. • There is no precondition or pressure to adopt an accelerated tapering schedule and/or a mandated period of abstinence as a condition of receiving treatment. 	MSHN SUD Provider Manual FY24, Medication Assisted Treatment section.	Policy/Procedure(s), Chart Documentation, Training, Evidence of Collaboration Agreements with MAT & Non-MAT Providers		



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	<ul style="list-style-type: none"> Disparaging, delegitimizing, and/or stigmatizing of MAT is prohibited with individual clients or in the public domain. 				
7.13	Cultural competency is evident by (1) sufficient policy and procedure to reflect the value and practice expectations; (2) a method of service assessment and monitoring; (3) ongoing training to assure that staff are aware of, and able to effectively implement, policy; and (4) the provision of supports and services within the cultural context of the recipient.	MSHN SUD Provider Manual – Cultural Competency section. PIHP Contract	Policy/Procedure	Ensure all four items are included in policy/procedure. If some, but not all the elements are present, the standard is partially compliant. If there is not a policy/procedure or none of the elements are present, the standard is not compliant.	
Coordination of Care					
8.1	Provider has policies and procedures in place to ensure effective care coordination is occurring including duties associated with: <ul style="list-style-type: none"> Transferring clients Accepting/Sending referrals Treatment Planning Exchanging pertinent information with other provider’s involved in the person’s care (with signed release of information) 	MSHN SUD Manual	Policy/Procedure	Activities designed to ensure needed, appropriate, and cost-effective care for beneficiaries. As a component of overall care management, care coordination activities focus on ensuring timely information, communication, and collaboration across a care team and between Responsible Plans. Major priorities for care coordination in the context of a care management plan include: Outreach and contacts/communication to	



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	<ul style="list-style-type: none"> Discharging clients 			support patient engagement, Conducting screening, record review, and documentation as part of Evaluation and Assessment, Tracking and facilitating follow-up on lab tests and referrals, Care Planning, Managing transitions of care activities to support continuity of care, Address social supports and making linkages to services addressing housing, food, etc., and Monitoring, Reporting and Documentation	
8.2	Coordination of care involves Primary Care Physician involvement in the treatment planning process and/or linkage/referral/follow up to a primary care physician if one is not identified by the client.	MSHN SUD Manual	Policy/Procedure	Must be evidence of active attempts by provider to offer referral to primary care and/or coordinate with current primary care provider. A signed consent is not sufficient if there is no evidence of SUD provider efforts to exchange information.	
8.3	Provider has Communicable Disease procedures in place to assure: All recipients of SUD services, infected by mycobacterium tuberculosis receives a referral for medical evaluation and treatment. All clients entering treatment are screened for HIV/AIDS, STD/Is, TB, hepatitis and provided with information about	Communicable Disease Prevention Policy 2	Policy/Procedure	Policy includes all four requirements: 1. Screening for HIV/AIDS, STD/Is, TB, and hepatitis risks. 2. If screening indicates high risk behaviors, the person is given information on	



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	risk. At the point of entrance, clients identified to have high-risk behaviors, receive information on resources and referral to testing and treatment.			resources and referrals for testing and treatment. 3. People infected with TB receive referrals for medical evaluation and treatment. 4. These items are completed at admission.	
8.4	MDOC Referred Individuals Only: Providers have processes in place to coordinate care with client's supervising agents when referred by MDOC.	MDHHS Contract, MSHN Treatment Contract	Policy, procedures		
Provider Staff Credentialing					
9.1	Agency has processes in place requiring that an individual file be maintained for each provider that includes attestations, primary source verification, background check documentation.	MDHHS SUD Credentialing and Qualifications MSHN SUD Credentialing Policy	Policy/procedures, Sample of records	Reviewer to ensure that history of applications is maintained in individual employee files.	
9.2	The Agency has a staff development and training program that includes training for new personnel related to their responsibilities, program policy, and operating procedures methods for identifying staff training needs in-service training, continuing education, and staff development activities.	MSHN Contract R 325. 1315	Policy/Procedure, Sample of records	Score of this standard is tied to MSHN Staff training file review tool and policy/procedures.	
9.3	Criminal Background Checks are conducted as a condition of	MDHHS SUD Credentialing and	Policy/Procedure, Sample of records that	MSHN will review to ensure that the CBC was conducted as a	



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	employment. At a minimum, checks are completed every other year from when the initial check was made. Criminal records should not necessarily bar employment. There must be documentation that the provider verified the criminal history does not disqualify the provider from providing services for a federal or state healthcare program. Use of OTIS is not an appropriate resource.	Qualifications MSHN Background Check Procedure, MSHN Disqualified Providers Policy	include ICHAT or a check that provides the same information and history as ICHAT, evidence of sign off/verification of agency that history was reviewed and verified to not disqualify provider.	condition of employment i.e., prior to hire/start date.	
9.4	Central Registry Checks are completed for each new employee, subcontractor, subcontractor employee, or volunteers, students, and interns working directly with children (effective 10.1.23).	MDHHS/PIHP Contract MSHN Background Check Procedure	Policy/Procedure, Sample of checks for newly hired staff, contractors, students, volunteers and/or interns	MSHN to verify that Central Registry checks are part of provider initial onboarding process and being complete when applicable for all hired 10/1/23 and after.	
9.5	State Sex offender registry checks are completed for each new employee, subcontractor employee, volunteers, students, and interns (effective 10.1.23).	MDHHS/PIHP Contract MSHN Background Check Procedure	Policy/Procedure, Sample of checks completed for newly hired staff, contractors, students, volunteers and/or interns	MSHN to verify that State Sex Offender Registry checks are part of provider initial onboarding process for all hired 10/1/23 and after.	
9.6	Federal Sex offender registry checks are completed for each new employee, subcontractor employee, or volunteers, students and interns effective 10.1.23.	MDHHS/PIHP Contract MSHN Background Check Procedure	Policy/Procedure, Sample of checks for newly hired staff, contractors, students, volunteers and/or interns	MSHN to verify that Federal Sex Offender Registry checks are part of provider initial onboarding process for all hired 10/1/23 and after.	



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9.7	Provider agency that directly employs or contracts with an individual to provide prevention or treatment services conducts an ongoing verification of credential(s), monitoring development plans, and compliance with CE requirements	MDHHS Credentialing and Re-Credentialing Processes MSHN Policies and Procedures	Policy/Procedure, Sample of records		
9.8	All individuals performing staff functions must: 1) Be certified appropriate to their job responsibilities under one of the credentialing categories or an approved alternate credential; or 2) Have a registered development plan and be timely in its implementation; or 3) Be functioning under a time-limited plan	SUD Policy Manual IV. Credentialing and Staff Qualification Requirements	Policy/Procedure, Sample of records		
9.9	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 or termination from the provider network. The procedures are consistent with current federal and State requirements, including those specified in the MDHHS Medicaid	MDHHS Credentialing and Re-Credentialing Processes, MSHN Credentialing Policy and Procedures	Policy/Procedure. Compliance Plan		



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	Managed Specialty Supports and Services Contract				
9.10	Agency shall not assign a consumer to any LIP who has not fully complied with credentialing process.	MDHHS SUD Credentialing and Qualifications MSHN SUD Credentialing Procedure	Policy/Procedure		
9.11	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 initially and is ongoing monthly. Sanction checks include: <ul style="list-style-type: none"> • MDHHS Sanctioned provider list • Federal OIG 	MDHHS/PIHP Contract MSHN Background Check procedure, MSHN Contract	Policy/Procedure; Sample of records	Reviewer will look for primary source verification of exclusion/sanction verification prior to employment. Additionally, the provider will want to see evidence of monthly checks – this can be provided for the staff selected in the file review. A 3-month sample is acceptable.	
Information Technology Compliance					
10.1	IT Compliance/IT Management The provider has written and approved policies for the following: <ul style="list-style-type: none"> • Disaster recovery Policy and Procedure • Record Retention Policy • Employee acceptable use of IT resources • Employee termination (IT section of the HR policy covering termination) 	HIPAA Security and Privacy, 45 CFR Parts 160 & 164 Subparts A, C & E, SUD Contract- BAA requirements, MDHHS/PIHP Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver contract: Performance Expectations and AFP attestation	Policies, procedures	MSHN will verify that the SUD provider has a disaster recovery plan in place if office entry is not possible and documents, files, etc. are not accessible. MSHN will verify that the provider has a record retention policy that meets or exceeds requirements. MSHN will verify that provider informs staff of acceptable use of IT resources within the provider agency. This is typically found in	



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				the initial hiring documentation and policy/procedure. MSHN will verify that there is an employee termination process established that ensures MSHN is informed of employee departure to disable access to any programs such as REMI, Box, etc.	
TRAUMA INFORMED CARE					
11.1	TRAUMA INFORMED CARE The provider has written and approved policies and procedures for implementation of a trauma-informed culture	MDHHS Trauma Policy	Policy, procedures		
11.2	Implementation of an organizational self-assessment every three years.	MDHHS Trauma Policy, MSHN SUD Provider Manual	Trauma Informed Care (TIC) Assessment		
11.3	Adoption of approaches and procedures to prevent and address secondary/vicarious trauma	MDHHS Trauma Policy, MSHN SUD Provider Manual	Policy, procedures	Environmental Factors, Supervision, Notes/Techniques, Other Examples as warranted	
11.4	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, MSHN Provider Manual	Memos of understanding, meeting minutes, documentary evidence of collaboration	Reviewer will look for evidence that PIHP network providers join with community organizations, agencies, community collaboratives (i.e., MPCBs) and community coalitions (i.e., Substance Abuse Coalitions, Child Abuse and Neglect Councils, Great Start Collaboratives, neighborhood coalitions, etc.) to support the development of a	



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				trauma informed community that promotes healthy environments for children, adults, and their families.	