MSHN
Mid-State Health Network

CMHSP Program Specific- Non-Waiver Standards	
CMHSP NAME: Choose an item.	**DATE OF REVIEW:** Click or tap to enter a date.

	STANDARD	Basis/Source	Evidence of Compliance could include:	Review Guidelines for Review Team	Provider to Complete: List evidence provided and location of evidence for specific standard i.e., page number if applicable
1	**ASSERTIVE COMMUNITY TREATMENT (ACT)**				
1.1	ACT services are provided by all members of a mobile, multi-disciplinary team (all team members see all consumers unless there is a clinical reason to do otherwise)	MDHHS site review protocol Medicaid Provider Manual, Mental Health and Substance Abuse Services, Chapter, Section 4.3	Policy/procedure, encounters by staff, Program Brochures, Job Descriptions, etc.		
1.2	ACT team includes: • a full-time leader whose experience includes at least two years post-degree clinical work with adults who have a serious mental illness, and is fully licensed, minimally possessing a master's degree in a relevant discipline, with appropriate licensure to provide clinical supervision to the ACT team staff. • a physician- *The physician is considered a part of the ACT team, but is not counted in the staff-to-beneficiary ratio* • a full-time RN	MDHHS Site review protocol Medicaid Provider Manual, Mental Health and Substance Abuse Services, Chapter, Section 4.3	List of Team Members, Job Titles, and Team Leader Supervision Notes/Documentation	*If the ACT team includes a nurse practitioner/clinical nurse specialist, he/she may substitute for a portion of the physician time but may not substitute for the ACT RN.* **Physician Assistants can perform clinical tasks under the terms of a practice agreement with a participating physician and must hold a PA license and controlled substance license. The physician assistant is not counted in the staff-to-beneficiary ratio*	

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	• a case or care manager A case or care manager, possessing minimally a bachelor's degree in a human services discipline, who possesses appropriate licensure to provide the core elements of case or care management with at least one year of experience providing services to adults with a mental illness, and is a QMHP. If the case or care manager has a bachelor's degree but is without one year of experience working with adults with serious mental illness or co-occurring disorders and otherwise meets the requirements of the QMHP, documentation of clinical supervision is provided in the beneficiary record. (Revised 4/1/20) • Individual/family/group counseling provided by a QMHP, including a limited-licensed master's degree social worker who is supervised by a licensed master's degree social worker. (Revised 4/1/20) • Up to one Full Time Equivalent (FTE) Peer Support Specialist (PSS) may substitute for one QMHP to achieve the 1:10 required staff-to-beneficiary ratio.			**A nurse practitioner or clinical nurse specialist may perform clinical tasks delegated by and under the supervision of the physician*. If the ACT team includes a nurse practitioner/clinical nurse specialist, he/she may substitute for a portion of the physician time but may not substitute for the ACT RN. The nurse practitioner/clinical nurse specialist is not counted in the staff-to-beneficiary ratio.	

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	• Up to one FTE paraprofessional staff to work with ACT teams may be counted in the staff-to-beneficiary ratio. • If the ACT team provides substance use disorder services, there must be a designated Substance Abuse Treatment Specialist who has one or more credentials through the Michigan Certification Board of Addiction Professionals (MCBAP).				
1.3	ACT team is sufficient in number to provide an intensive service array 24/7 and team size is based on a staff to consumer ratio of not more than 1:10	MDHHS Site review protocol, Medicaid Provider Manual, Mental Health and Substance Abuse Services, Chapter, Section 4.3	ACT Consumer List for FY & Correlating ACT Team Member List		
1.4	Team meetings are held Monday - Friday and documented, including attendees and consumers discussed. Psychiatrist, Physician and/or Nurse Practitioner participates in ACT team meetings at least weekly.	MDHHS Site review protocol Medicaid Provider Manual, Mental Health and Substance Abuse Services, Chapter, Section 4.4	Team meeting minutes Documentation of Psychiatrist or PA and/or Nurse Practitioner attendance/ participation in team meetings at least weekly	**Qualified Physician Assistants can perform psychiatric duties for ACT as of 10.1.18*	
1.5	Majority of ACT services are provided according to the beneficiary's preference and clinical appropriateness in the	Medicaid Provider Manual, Mental Health and Substance	ACT Program Description Program Brochure		

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	beneficiary's home or other community locations rather than the team office	Abuse Services Chapter, Section 4.3	Policy/Procedure		
1.6	The total contacts averages 120 minutes of face-to-face time each week for each consumer; clearly documented clinical rationale is provided in exception cases where an average of 120 minutes is not clinically appropriate.	MDHHS Memo "Requirements for Reporting Assertive Community Treatment" (11-20-2020) Michigan Field Guide to ACT (available on improvingmipractices .org)	MSHN Power BI ACT Report		
2	SELF-DETERMINATION				
2.1	Self-Directed Services & supports are set up using a Person-Centered Planning Process from which an Individual Plan of Service (IPOS) for medically necessary services & an individual budget are developed.	MDHHS Self-Direction Policy and Practice Guideline	Policy/Procedure	Budgets must be accessible, portable, flexible.	
2.2	Self-Directed Services (Choice Voucher for under 18-year-old individuals) must be offered to all individuals receiving CMHSP services.	MDHHS Self-Direction Policy and Practice Guideline	CMHSP brochures and educational materials, policy, procedure	CMHSP must make sure that information and outreach materials about Self-Directed Services (or choice voucher) is offered to all individuals served in a format accessible to them.	
2.3	Self-Directed Service options must include the following: • Direct employment (the individual is the employer of record).	MDHHS Self-Direction Policy and Practice Guideline			

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	• Use of qualified provider agency that can serve as employer of record for staff selected by the individual • Direct contract (Purchase of Service Agreements) arrangement between individual and independent provider(s). • Financial Management / Fiscal Intermediary Services & Supports Brokers				
2.4	CMHSP has procedures in place to assure no gaps in services during transition to or from Self-Directed Supports and Services.				
2.5	Self-Directed Services are implemented through partnerships between the CMHSPs and the individual directing services through a Self-Direction Agreement.	MDHHS Self-Determination Policy and Practice Guideline	Policy/Procedure	The agreement describes the responsibilities and authority of both parties.	
2.6	The CMHSP provides education and training to ensure a common understanding of Self-Directed Services is made available throughout its network, including Administrators, Case Managers/Supports Coordinators, Direct Support Professionals, Support Brokers, Individuals & their Families, Agency-based Staff, Others	MDHHS Self-Direction Policy and Practice Guideline.	Policy/Procedure Training Documentation that follows MDHHS requirements.		
2.7	CMHSP provides support/assistance to individuals such as, but not limited to: Information about options for SD Services, Individual rights/responsibilities, Available	MDHHS Self-Direction Policy and Practice Guideline	Policy/Procedure		

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	resources, training, use of supports broker, access to advocacy organizations, active management of the budget, Staff recruitment / selection/management/dismissal.				
2.8	The following protocols are in place to address ending self-directed service(s): A. An individual may voluntarily end an arrangement at any time for any reason. B. CMHSP must inform individuals of the issues that have led to possible termination of SD arrangement, in writing. Provide opportunities for problem solving that include individual. Termination does not occur unless other mutually agreeable solutions have been exhausted.	MDHHS Self-Direction Policy and Practice Guideline	Copy of Notice of Termination; CMHSP policy/procedure		
3	PEER DELIVERED AND OPERATED SERVICES (Drop-In) (If applicable)				
3.1	Staff and board of directors of the Drop In Center are each primary consumer.	Medicaid Provider Manual, Mental Health/Substance Abuse, 17.3. H.2.	List of board members and their status as primary consumers List of staff members and their consumer status Certified through State; PIHP need a copy of review;		

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			clarification of DCH process – JIMHO		
3.2	The CMHSP supports consumer's autonomy and independence in making decisions about the Drop in Center's operations and financial management.	Medicaid Provider Manual, Mental Health/Substance Abuse, 17.3. H.2.	Minutes from meetings and participation of members, staff, and board How conflicts are resolved between the funding sources and the drop-in Centers Evidence of how much involvement the liaison has.	Does the drop-in contract demonstrate clear consumer Leadership? Who writes the checks for the? financial responsibilities of running the drop-in center and how are actual purchases decided	
4	HOME-BASED SERVICES				
4.1	Responsibility for directing, coordinating, and supervising the staff/program are assigned to a specific staff position. The supervisor of the staff/program must meet the qualifications of a Qualified Mental Health Professional and be a child mental health professional with three years of clinical experience.	Medicaid Provider Manual, Mental Health and Substance Abuse Services, Section 7.1	Name, Job description		
4.2	The worker-to-family ratio meets the 1:12 requirements established in the Medicaid Provider Manual. For families transitioning out of home-based services, the maximum ratio is 1:15 (12 active, 3 transitioning).	Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1	Org chart with case load documented internal tracking document	During Covid MDHHS raised from 12 to 15 active plus three in transition. Tied to PHE	

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4.3	A minimum of 4 hours of individual and/or family face-to-face home-based services per month are provided by the primary home-based services worker (or, if appropriate, the evidence-based practice therapist).	Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1	Policy/procedure		
4.4	Home based services are provided in the family home or community.	Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1	Location of services data, policy/procedure, program brochures, contract(s), reviews		
4.5	Home-based services staff must receive weekly clinical (one on one and/or group) supervision.	Medicaid Provider Manual	Supervision logs, sign in sheets, or other documentation		
4.6	Wraparound services follow program requirements and MDHHS approval or corrective action plan is in place.			Verification of compliance of services will also be conducted via clinical chart review tool.	
4.7	Wraparound services are offered/provided to all individuals meeting eligibility criteria: • SEDW Enrollees • Children/Youth involved in multiple systems • Children/youth at risk of OR currently in out-of-home placement • Children/youth who have received other mental health services with minimal improvement in functioning	Medicaid Provider Manual 3.29	Policy/Procedure Evidence of Wraparound services provided to children/youth/family for criteria excluding SEDW		

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	• Risk factors exceed capacity for traditional community-based options • Numerous providers working with multiple children/youth in a family and identified outcomes are not being met				
4.8	Wraparound Only: The Family Status Report form is completed at intake and every 3 months until the family graduates from Wraparound. Upon graduation, the facilitator completed the post-graduation/follow-up Family Status Report.	MDHHS Letter: L22-26 Medicaid Provider Manual 3.29.E	Policy/Procedure and Record Evidence – please choose any current Wraparound Consumer and submit evidence of compliance		
4.9	Wraparound Only: CAFAS/PECFAS/DECA completed at intake, quarterly, and at graduation.	MDHHS Letter: L22-26 Medicaid Provider Manual 3.29.E	Policy/Procedure AND Record Evidence – please choose any current Wraparound Consumer and submit evidence of compliance		
4.10	Wraparound Only: Record indicates adherence to Wraparound model fidelity via: • Team Membership Form completed quarterly & upon changes • Supervisor participates on community team	MDHHS Letter: L22-26 Medicaid Provider Manual 3.29.E	Policy/Procedure AND Record Evidence – please choose any current Wraparound Consumer and		

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	Fidelity Form completed at 6 & 12 months.		submit evidence of compliance		
5	**CLUBHOUSE PSYCHO-SOCIAL REHABILITATION PROGRAM** (If applicable)				
5.1	Members have access to the clubhouse during times other than the ordered day, including evenings, weekends, and all holidays.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 5.	Policy, procedures, brochures, handouts Hours of Operations		
5.2	The program has a schedule that identifies when program components occur.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 5.	Policy, procedure, schedule		
5.3	The program has an ordered day; vocational & educational support; member supports (outreach, self-help groups, sustaining personal entitlements, help locating community resources, and basic necessities); social opportunities that build personal, community and social competencies.	MI Medicaid Provider Manual Section 5	Policy, procedures, schedule, handouts		
5.4	Services directly relate to employment, including transitional employment, supported employment, on-the-job training, community volunteer opportunities, and supports for the completion of educational and other vocational assistance must be available.	Program Approval, Employment Services & Educational Supports	Policy, procedures, brochures, handouts		
5.5	Members can influence and shape program operations. Clubhouse decisions are generally made by consensus.	Medicaid Provider Manual	Meeting minutes, suggestion box, other formal and/or informal		

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			decision-making evidence		
5.6	Current Clubhouse International Accreditation (or progress toward to meet deadline)	MI Medicaid Provider Manual Section 5	Copy of accreditation letter		
5.7	Member choice and involvement shall be illustrated by: • Voluntary membership • Without time-limits • Supports/services not differentiated by diagnosis or level of functioning • Individual-determined schedule of attendance and choose a work unit that they will regularly participate in • Active engagement and support from staff • Reflects the beneficiary's preferences and needs • Formal and informal decision-making is a part of the clubhouse • Staff and members work side by side	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 5	Policy, procedures, brochures, handouts		
6	CRISIS RESIDENTIAL SERVICES				
6.1	Eligibility: Persons who meet psychiatric inpatient admission criteria, but who have symptoms and risk levels that permit them to be treated in alternative settings.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6	Policy/procedure		
6.2	Covered services include psychiatric supervision; therapeutic support services; medication management/stabilization and	Medicaid Provider Manual, Mental	Policy/procedure		

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	education; behavioral services; and nursing services.	Health/Substance Abuse, Section 6			
6.3	Child Crisis Residential Services Settings - Nursing services must be available through regular consultation and must be provided on an individual basis according to the level of need of the child.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6	Policy/procedure Agreement(s)/Contract, etc. Evidence of Implementation		
6.4	Adult Crisis Residential Settings - On-site nursing for settings of 6 beds or less must be provided at least 1 hour per day, per resident, 7 days per week, with 24-hour availability on-call. OR On-site nursing for settings of 7-16 beds must be provided 8 hours per day, 7 days per week, with 24-hour availability on-call.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6	Policy/procedure Demonstration of Compliance via Nursing Schedule, Agreements/Contracts, etc.		
6.5	Staffing: Treatment services must be provided under supervision of a psychiatrist.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6	Policy/procedure, tracking mechanism, Supervision Notes (Team Meetings, etc.)		
6.6	The IPOS for individuals receiving crisis residential services must be developed within 48 hours of admission.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6	Policy/procedure, documentation of tracking		
6.7	The IPOS for individuals receiving crisis residential services is signed by the individual receiving services, his or her parent or guardian if applicable, the	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6	Policy, procedure, additional documentation		

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	psychiatrist and any other professionals involved in treatment planning.				
6.8	The IPOS for individuals receiving crisis residential services must contain discharge planning information and the need for aftercare/follow-up services, including the role and identification of the case manager.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6	Policy, procedures, additional documentation		
6.9	If the individual has an assigned case manager, the case manager must be involved in treatment, as soon as possible, including follow-up services.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6	Policy/procedure, tracking mechanism		
6.10	If the length of stay in the crisis residential program exceeds 14 days, the interdisciplinary team must develop a subsequent plan based on comprehensive assessments.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6	Policy/procedure, tracking mechanism		
7	TARGETED CASE MANAGEMENT				
7.1	Persons must be provided a choice of available, qualified case management staff upon initial assignment and on an ongoing basis.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 13	Policy, Procedure		
7.2	The case manager completes an initial written comprehensive assessment and updates it as needed.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 13	Policy, Procedure		

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7.3	The case record contains sufficient information to document the provision of case management services. A formal review of the plan shall not occur less often than annually to review progress toward goals and objectives and to assess beneficiary satisfaction.	Medicaid Provider Manual, Mental Health/Substance Abuse, Section 13	Policy, Procedure	The beneficiary's record must contain sufficient information to document the provision of case management, including the nature of the service, the date, and the location of contacts between the case manager and the beneficiary, including whether the contacts were face-to-face. The frequency of face-to-face contacts must be dependent on the intensity of the beneficiary's needs. The case manager must review services at intervals defined in the individual plan of service. The plan shall be kept current and modified when indicated (reflecting the intensity of the beneficiary's health and welfare needs). A beneficiary or his/her guardian or authorized representative may request and review the plan at any time.	
7.4	The case manager determines if the services and supports have been delivered,	Medicaid Provider Manual, Mental	Policy, Procedure	Frequency and scope (face-to-face and telephone) of case management monitoring	

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	and if they are adequate to meet the needs/wants of the beneficiary.	Health/Substance Abuse, Section 13		activities must reflect the intensity of the beneficiary's health and welfare needs identified in the individual plan of services.	
8	AUTISM BENEFIT/APPLIED BEHAVIORAL ANALYSIS				
8.1	Beneficiaries ongoing determination of level of service (every six months) has evidence of measurable and ongoing improvement in targeted behaviors as demonstrated with a reliable and valid assessment instrument (i.e., VB_MAPP, ABLLS-R, AFLS, etc.) and other appropriate documentation of analysis (i.e., graphs, assessment reports, records of service, progress reports, etc.).	Medicaid Provider Manual MHSA Section 18	Policy/Procedure		
8.2	BHT Service Provider Qualifications: BCBA or BCBA-D: must be licensed through LARA Licensed Psychologist (LP) Minimum of a doctorate degree working within their scope of practice and has extensive knowledge and training in behavior analysis as outlined in the MSA 15-59. Must be certified as a BCBA by September 30, 2025. Limited Licensed Psychologist (LLP) Minimum of a doctorate degree working within their scope of practice and has	Medicaid Provider Manual MHSA Section 18 BHT Service Provider Qualifications (See Behavior Technician, pgs. 8-9) 40-hour requirement documentation found: http://www.michigan.gov/documents/autism/BHT-ABA_Services_Qualifi	Staff List, Job Title, Qualifications of Team Member(s)		

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	extensive knowledge and training in behavior analysis as outlined in the MSA 15-59. Must be certified as a BCBA by September 30, 2025. Board Certified Assistant Behavior Analyst (BCaBA) Must be licensed through LARA QBHP: A minimum of a master's degree in a mental health-related field from an accredited institution with specialized training and one year of experience in the examination, evaluation, and treatment of children with ASD. Works within their scope of practice, works under the supervision of the BCBA, and has extensive knowledge and training in behavior analysis as outlined in the MSA 15-59. Must be certified as a BCBA by September 30, 2025, and within 2 years of successfully completing graduate course work. QBHP may hold a master's degree in a Behavior Analyst Certification Board (BACB) approved degree category from an accredited institution. Behavior Technician: Works under the supervision of the BCBA or other professional (BCaBA, LP, LLP, or QBHP) overseeing the behavioral plan of care. Must receive BACB Registered Behavior Technician (RBT) training (40 hours)	ed_Providers_510149_7.pdf Medicaid Provider Manual MHSA Section 18			

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	conducted by a professional experienced in BHT services.				
8.3	Observation Ratio: Number of Hours of ABA observation during a quarter are ≥ to 10% of the total service provided	MPM 18.12.A (Behavior Technician)	Policy/Procedure		
8.4	Evidence of CMHSP Corrective Action in response to the MDHHS ASD Site Review		Most Recent MDHHS ASD Site Review, Corrective Action Plan, Evidence of Implementation, Previous Delegated Managed Care reviews		
9	**Children's Intensive Crisis Stabilization Services**				
9.1	These services are for beneficiaries who have been assessed to meet criteria for psychiatric hospital admissions but who, with intense interventions, can be stabilized and served in their usual community environments. These services may also be provided to beneficiaries leaving inpatient psychiatric services if such services will result in a shortened inpatient stay. Policies include servicing children or youth, ages 0 to 21, with SED and/or I/DD, including autism, or co-occurring SED and SUD	Medicaid Provider Manual, Section 9; 9.2.B Population–Intensive Crisis Stabilization Services	Policy, Procedures		
9.2	Face to face contacts are occurring within one hour or less in urban counties and in	Medicaid Provider Manual, Section 9;	Policies, Procedures,		

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	two hours in rural counties from the time of the request for ICSS	9.2.B Population–Intensive Crisis Stabilization Services	Chart documentation		
9.3	Services include: Assessment Intensive individual counseling/psychotherapy Family therapy Skill building Psychoeducation There is evidence of access to an on-call psychiatrist for team members (must always be available by telephone).	Medicaid Provider Manual, Section 9; 9.2.C Population–Intensive Crisis Stabilization Services 9.2.D Qualified Staff-Intensive Crisis Stabilization Services	Policies, Procedures, chart documentation		
9.4	For children: ICSS staff consists of at least two who travel to the child or youth in crisis. One team member must be a Master's prepared Child Mental Health Professional (or Master's prepared QIDP, if applicable) and the second team member may be another professional or para-pro under appropriate supervision.	Medicaid Provider Manual, Section 9; 9.2.D. Qualified Staff-Intensive Crisis Stabilization Services	Policies, Procedures, Job Descriptions, chart documentation		
9.5	For adult recipients: An ICSS treatment plan is developed within 48 hours. If the beneficiary receives case management services, the case manager must be involved in the treatment and follow-up services For children/youth: If the child or youth is a current recipient of CMHSP services, the existing IPOS and crisis/safety plan must be updated For children or youth who are not yet recipients of CMHSP services but are	Medicaid Provider Manual, Section 9; 9.2.C Population–Intensive Crisis Stabilization Services	Policies, Procedures, Chart documentation		

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	eligible for such services, a family-driven and youth-guided follow-up plan must be developed.				
9.6	If the child or youth is a current recipient of CMHSP services, there is evidence of the mobile intensive crisis stabilization team members notifying the primary therapist, case manager, or Wraparound facilitator, as applicable, of the contact with the mobile intensive crisis stabilization team the next business day. Evidence that a follow-up contact has been made with the child or youth and parent/caregiver by the primary therapist, case manager, or wraparound facilitator once the primary case holder was informed of the child or youth's contact with the ICSS team.	Medicaid Provider Manual, SECTION 9; 9.2.F. Individual Plan of Service – Intensive Crisis Stabilization Services	Policies, Procedures, chart documentation		
9.7	If the child or youth is not yet a recipient of CMHSP services but is eligible for such services, the follow-up plan must include: -Appropriate referrals to mental health assessment and treatment resources and any other resources the child or youth and parent/caregiver may require - Next steps for obtaining needed services, timelines for those activities, and identifies the responsible parties. - The mobile intensive crisis stabilization team members have contacted the parent/caregiver by phone or face-to-face within seven business days to determine	Medicaid Provider Manual, SECTION 9; 9.2.F. Individual Plan of Service – Intensive Crisis Stabilization Services	Policies, Procedures, Chart documentation		

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	the status of the stated goals in the follow-up plan				