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<p style="text-align: center;">SITE REVIEW DIMENSION</p>	<p style="text-align: center;">EXPLANATION</p>	<p style="text-align: center;">SITE REVIEW ACTIVITIES AND POSSIBLE SOURCES OF EVIDENCE FOR COMPLIANCE WITH SITE REVIEW DIMENSION</p>	<p style="text-align: center;">WHAT TYPES OF PIHP MONITORING ACTIVITIES AND EVIDENCE COULD DEMONSTRATE SITE REVIEW DIMENSION COMPLIANCE IN LIEU OF DCH DIRECT EVALUATION</p>
<p>This column identifies the specific site review dimensions and identifies the source(s) of the requirement.</p>	<p>This column provides additional explanation concerning the site review dimension.</p>	<p>This column describes the activities the site review team will conduct to evaluate compliance with the site review dimension and the types of evidence that could demonstrate compliance.</p> <p>When multiple possible evidentiary sources are identified, it is intended to identify the various types of evidence that a PIHP may use to demonstrate compliance with the review dimension. A PIHP would not have to have all identified evidentiary sources in place in order to be found in compliance with the site review dimension.</p>	<p>This column describes the types of PIHP monitoring activities, both self monitoring and provider network monitoring activities, that a PIHP could use to demonstrate compliance with the site review dimension. This is not a listing of required PIHP monitoring activities. Although some of the monitoring activities described in this column are required PIHP activities, this column is meant to identify those PIHP monitoring activities that may demonstrate compliance with the corresponding site review dimension and reduce or eliminate the site review team’s need to conduct direct evaluation of compliance. A PIHP’s monitoring activities must demonstrate provider network compliance with the individual review dimension in order to be accepted by the review team in lieu of their own monitoring activities.</p> <p>The site review team will review PIHP monitoring activities and assess whether the PIHP’s monitoring activities</p> <ol style="list-style-type: none"> 1. provide assurance of compliance with the site review dimension 2. result in effective correction of any findings of non-compliance

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<p><u>A. CONSUMER INVOLVEMENT</u> <u>(Medicaid Managed Specialty Services and Supports Contract, Consumerism Practice Guideline Attachment P 6.8.2.3.)</u></p>			
<p>A.1. The PIHP provides meaningful opportunities and supports for consumer involvement in service development, service delivery, and service evaluation activities. (Consumerism Practice Guideline V.A.6.)</p>		<p>The review team will look for evidence that:</p> <ul style="list-style-type: none"> • Consumers and family members are on CMHSP/PIHP boards and advisory councils • Stakeholders and the public attend meetings for comments and information. <p>This evidence may be found in the following areas: minutes, agendas, sign-in sheets, peer support specialists positions, mystery shopper programs, customer service information on assistance with input for the brochures and educational materials provided, consumer oriented job-descriptions, and consumer involvement in quality management reviews of the CMHSP programs and services.</p> <p>The PIHP could demonstrate compliance by showing relevant administrative policies and processes for collecting consumer service</p>	

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		<p>experiences. Examples could include customer satisfaction surveys, and mystery shopper efforts.</p> <p>Show efforts of opinion polls from consumers addressing programs and services. Show satisfaction surveys and how the results are disseminated. Look at evidence available of changes made as a result of consumer satisfaction surveys and opinions. Discussions with consumers, clinicians, and family members.</p> <p>The PIHP could demonstrate compliance by showing:</p> <ul style="list-style-type: none"> • Minutes of meetings where advocates evaluated policies • How minutes are shared across boards and councils • How suggestions are addressed and implemented. • How consumer, family member and advocate input in new and ongoing policy and guidelines is solicited and utilized • Copies of letters sent to advocates inviting them to attend meetings addressing policies and guidelines • Evidence of consumer/advocate 	

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		involvement in quality reviews of CMHSP/PIHP programs and services provided.	
<p><u>B. SERVICES 1. GENERAL</u> (Medicaid Managed Specialty Supports and Services Contract, Part II, Statement of Work, Section 2.0 Supports and Services)</p>			
<p>B.1.1. The entire service array for individuals with developmental disabilities, mental illness, or a substance abuse disorder, including (b)(3) services, are available to consumers who need them.</p> <p>Medicaid Managed Specialty Supports and Services Contract, “Statement of Work”</p> <p>AFP Sections 2.8, 2.10.5, 3.1, 3.5</p>	<p>State Plan Services: Under the 1915(b) Waiver component of the 1915(b)/(c) program, the PIHP is responsible for providing the following state plan services to beneficiaries in the service area who meet applicable coverage or service eligibility criteria:</p> <ul style="list-style-type: none"> • ICF/MR services (under 16 beds) • Inpatient psychiatric hospital services (adults) • Inpatient psychiatric hospital services for individuals under age 22 • Psychiatric 	<p>The review team will look for supporting documentation as part of:</p> <ul style="list-style-type: none"> • Clinical record review • Administration interview/discussion • Consumer/guardian interviews • PIHP's description of enrolled programs and services (i.e., jail diversion program, prevention activities) <p><u>Prevention services:</u> AFP 2.8. Does the PIHP have evidence of activities for the following groups?</p> <ul style="list-style-type: none"> • Infant mental health • Children • Adolescents • Adult • Older adults/seniors • Women (pregnant, in shelters) • Homeless 	<p>The PIHP may have evidence of the adequacy of their provider network, i.e., network management plan, network capacity assessment, provider network sufficiency report that identify changes in demand, access numbers and projected need. This may also be demonstrated via utilization management reports.</p>

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	<p>partial hospitalization services (outpatient hospital service)</p> <ul style="list-style-type: none"> • Certain physician services related to inpatient or partial hospitalization services • Mental Health Clinic Services • Mental Health Community Rehabilitation Services • Mental Health Crisis Residential and Crisis Stabilization Services • Mental Health Psychosocial Rehabilitation Program • Substance Abuse Rehabilitative Services • Targeted Case Management for 	<ul style="list-style-type: none"> • Juvenile justice services • Substance abuse/use/disorders <p>Service penetration rates can also be examined for persons under 18 and for those over 65 to determine if penetration rates are equal to or greater than the representation of those groups in the service area population.</p> <p>If the PIHP's penetration rates for specific populations are extreme negative outliers compared to other PIHPs, do they have mechanisms in place to:</p> <ul style="list-style-type: none"> • identify possible reasons • develop and implement plans for improvement <p>Review team should examine MUNC report and encounter data prior to conducting site reviews to see if there are any required services where data doesn't support it is being provided by the PIHP. Clinical record reviews that demonstrate a systemic problem with service availability as opposed to individual issue should be identified in the review dimension.</p>	

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	<p>Adults and Children with mental illness or serious emotional disturbance and for Individuals with a developmental disability</p> <ul style="list-style-type: none"> • Personal Care for Persons in CMHSP Specialized Residential Settings • Specialty Medicaid state plan services covered under this agreement and required to treat, correct, or ameliorate an illness or condition identified through an EPSDT screening <p>1915(b)(3) Services</p>		

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	<ul style="list-style-type: none"> • Assistive Technology • Community Living Supports • Enhanced Pharmacy • Environmental Modifications • Crisis Observation Care • Family Support and Training • Housing Assistance • Peer-Delivered or -Operated Support Services • Peer Specialist Services • Drop-In Centers • Prevention-Direct Service Models • Respite Care Services • Skill-Building Assistance • Support and Service Coordination • Supported/Integrated Employment Services 		

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	<ul style="list-style-type: none"> • Wraparound Services for Children and Adolescents • Fiscal Intermediary Services • Substance Abuse Services Sub-Acute Detoxification • Substance Abuse Services Residential Treatment <p>1915(c) Services The PIHP is responsible for provision of certain enhanced community support services for those beneficiaries in the service areas who are enrolled in Michigan’s 1915(c) Home and Community Based Services Waiver for persons with developmental disabilities. Covered services are listed below and are more specifically</p>		

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	<p>described in the Michigan Medicaid Provider Manual: Mental Health -Substance Abuse section</p> <ul style="list-style-type: none"> • Chore Service • Community Living Supports • Enhanced Dental • Enhanced Medical Equipment and Supplies • Enhanced Pharmacy • Environmental Modifications • Family Training • Out of home Non-Vocational Habilitation • Personal Emergency Response System • Pre-Vocational Habilitation • Private Duty Nursing • Respite Care • Supports Coordination • Supported 		

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	Employment		
<u>B.2. Peer Delivered & Operated Drop In Centers</u>			
<p>B.2.1. Staff and board of directors of the Drop In Center are each primary consumers.</p> <p>(Medicaid Provider Manual, Mental Health/Substance Abuse, 17.3.H.2.)</p>	<p>Gives consumers significant employment opportunities. Provides real life experience on how to work on boards and the parliamentary procedure and helps nurture self-reliance. Produces role models for other consumers and enhances self-esteem.</p>	<p>Sources of evidence of compliance could include:</p> <ul style="list-style-type: none"> • List of board members and their status as primary consumers • List of staff members and their consumer status 	<p>Some PIHPs may have contract monitoring processes that demonstrate compliance with this requirement.</p>
<p>B.2.2. The PIHP supports consumer's autonomy and independence in making decisions about the Drop In Center's operations and financial management.</p> <p>(Medicaid Provider Manual, Mental Health/Substance Abuse, 17.3.H.2.)</p>	<p>Achieve social skills in a working environment to get things accomplished. Enhance decision-making abilities. A drop-in center demonstrates the accomplishments of consumers in work roles. Learn from trial and error when pursuing projects. Increases consumer inclusion, independence, and productivity. Develop effective abilities and</p>	<p>The site review team will examine:</p> <ul style="list-style-type: none"> • Minutes from meetings and participation of members, staff, and board • How conflicts are resolved between the funding source and the drop- in Centers • Evidence of how much involvement the liaison has • Does the drop-in contract demonstrate clear consumer leadership? • Do personnel files and conversations with staff 	<p>Some PIHPs may have contract monitoring processes that demonstrate compliance with this requirement.</p>

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	skills to live in community with confidence.	<p>confirm consumer involvement and leadership</p> <ul style="list-style-type: none"> • How are issues suggested by the funding source embraced or rejected by the drop-in centers • Who writes the checks for the financial responsibilities of running the drop-in center and how are actual purchases decided • The effectiveness of the working relationship between the CMH and the Drop-in as established by the assigned CMHSP liaison <p><u>Probative Questions</u></p> <p>Have the Drop-In program describe the relationship with the PIHP and how it is working.</p>	
<p>B.2.3. The Drop In Center is located at a non-CMH site.</p> <p>(Medicaid Provider Manual, Mental Health/Substance Abuse, 17.3.H.2.)</p>	<p>Being a separate entity demonstrates the independence of the drop-in center. This provides consumers with a separate identity apart from CMHSP/PIHP. Compliance with the requirement keeps the</p>	<p>The site review team will examine the physical setting of a drop in to ensure it is not located at a CMH site. Evidence of compliance may be ascertained through a visit to the Drop-In Program or through examination of other documentation, i.e., rental, lease or mortgage materials, or Service Agency Profile</p>	<p>Some PIHPs may have contract monitoring processes that demonstrate compliance with this requirement.</p>

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	informal social environment of a drop intact and keeps the structure of the mental health system from intruding on the day-to-day operations of the drop- in. A separate location also helps keep the environment casual, inclusive, and accepting.	enrollment information.	
<p>B.2.4. The Drop In Center has applied for 501(c)(3) status.</p> <p>(Medicaid Provider Manual, Mental Health/Substance Abuse, 17.3.H.2.)</p>		<p>Acceptable documentation would consist of:</p> <ul style="list-style-type: none"> • incorporation certificate • a copy of the application materials submitted for 501(c)(3) 	
<p><u>B.3. HOME BASED</u></p> <p><u>(Medicaid Provider Manual, Mental Health and Substance Abuse Services, Section 7)</u></p>	<p><u>It is required that the entire service array for individuals with developmental disabilities, mental illness, or a substance use disorder, including Home-Based Services, are available throughout the PIHP's catchment are to individuals who need them.</u></p>		
<p>B.3.1. <u>Eligibility/Target population:</u> Families receiving home-based services meet the eligibility requirements established in the Medicaid Provider Manual.</p>		<p>The site review team will verify that families receiving home-based services meet the eligibility requirements established in the</p>	

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<p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.2</p>		<p>Medicaid Provider Manual by reviewing agency policy, clinical records and conducting interviews with staff and consumers.</p>	
<p>B.3.2. <u>Structure/Organization</u>: Responsibility for directing, coordinating, and supervising the staff/program must be assigned to a specific staff position. Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1</p>		<p>The site review team will verify that responsibility for directing, coordinating, and supervising the staff/program is assigned to a specific staff position.</p>	
<p>B.3.3. <u>Staffing</u>: The worker-to-family ratio meets the requirements established in the Medicaid Provider Manual. Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1</p>		<p>The site review team will verify the worker to family ratio by looking at the number of families receiving home based services and the number of staff assigned to provide home based services. The maximum full-time home-based services worker-to-family ratio is 1:12. This can be adjusted to accommodate families transitioning out of home-based services. The maximum worker-to-family ratio in those circumstances is 1:15 (12 active/ 3 transitioning). If providers wish to utilize clinicians who serve mixed caseloads (home-based services plus other services, e.g.,</p>	

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		<p>outpatient, case management, etc.), the percentage of each position dedicated to home-based services must be specified. The number of home-based services cases assigned to each partial position cannot exceed the same percentage of the maximum active home-based services caseload. For example, a 50% home-based position could serve no more than 6 home-based cases. The total maximum caseload, including home-based and other services cases, for a full-time clinician serving a mixed caseload is 20 cases.</p>	
<p>B.3.4. <u>Presence in Family-Centered Plan:</u> Services provided by home based service assistants must be clearly identified in the family-centered IPOS.</p>	<p>Refer to the Medicaid Provider Manual 7.1. Scope of Service. Tom to check number of citations and talk to folks in Children’s section, and/or move to Home based section</p>	<p>The site review team will review the clinical record to verify that the goals and objectives of the family-centered plan specify the interventions and implementation strategies of the home-based assistant.</p>	
<p>B.3.5. 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).</p>		<p>The site review team will verify that a minimum of 4 hours of individual and/or family face-to-face home-based services are provided to the family each month through clinical record review and consumer interview.</p>	

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<p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1</p>		<p>Activities of home-based services assistants do not count as part of the minimum 4 hours of face-to-face home-based services provided by the primary home-based services worker per month. The home-based services assistant's face-to face time would be in addition to hours provided by the primary home-based services worker.</p>	
<p>B.3.6. Home based services are provided in the family home or community.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1</p>		<p>The site review team will evaluate home-based policy and procedures and progress notes to ensure that services are provided in the family home or community setting. Progress notes must identify the location of the contact.</p> <p>Any contacts that occur other than in the home or community must be clearly explained in case record documentation as to the reason, the expected duration and the plan to address issues that are preventing the services from being provided in the home and community.</p>	
<p>B.3.7. Adequate collateral contacts are provided to implement the plan of service.</p> <p>Medicaid Provider Manual, Mental Health and</p>		<p>The site review team will review the clinical record to verify that collateral contacts, including non-face-to-face collateral contacts, with school, caregivers, child welfare, court, psychiatrist, etc., are provided as</p>	

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Substance Abuse Services Chapter, Section 7.1		needed to implement the plan of service.	
<p><u>B.4. ASSERTIVE COMMUNITY TREATMENT</u> <u>(Medicaid Provider Manual, Mental Health/Substance Abuse, Section 4 - Assertive Community Treatment Program)</u></p> <p><u>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4</u></p>	<p><u>The entire service array for individuals with a developmental disability, mental illness, or substance use disorder, including Assertive Community Treatment services, are available throughout the PIHP's catchment area to individuals who need them.</u></p>		
<p>B.4.1. The program has been approved by DCH to provide Assertive Community Treatment services.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4.1</p>		<p>The site review team will review enrollment letters for each team to assure fidelity with the ACT Model. The site review team will review the letter of enrollment at the MDCH office prior to the review.</p>	<p>The PIHP may have the capacity to demonstrate that new ACT programs are approved by the Department prior to submitting encounters, as well as having the capacity to ensure that ACT encounters are no longer reported after a program has been dis-enrolled.</p>
<p>B.4.2. Eligibility/Target Population: Persons receiving ACT services meet the eligibility requirements established in the Medicaid Provider Manual.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4.2</p>		<p>The site review team will review PIHP policy, professional assessments and individual plans of service to assure that individuals receiving ACT services meet the eligibility requirements as listed in the dimensions/indicators.</p>	<p>A PIHP's utilization management activities or clinical record reviews may demonstrate compliance with the requirement.</p>
<p>B.4.3. <u>Structure/Organization:</u></p> <p>ACT services are provided by all members of a:</p> <ul style="list-style-type: none"> • Mobile 		<p>The site review team will review PIHP policy, the individual plan of service and ACT team member's progress notes to assure that all ACT team members share service delivery</p>	<p>There may be some differences in PIHP monitoring between direct operated versus contractually operated programs. A PIHP may demonstrate that this aspect is included in credentialing or possibly via oversight of</p>

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<ul style="list-style-type: none"> • Multi-interdisciplinary team. <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4.3</p>		<p>responsibilities. Progress notes should demonstrate that all ACT Team members are involved in service delivery and that the ACT Team meets team composition requirements outlined in B.4.4.2.</p>	<p>service activity submissions or encounters. In some instances PIHPs may be examining this during direct monitoring visits that they are conducting.</p>
<p>B.4.4. Case management services are interwoven with treatment and rehabilitation services and are provided by all members of the team.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4.3 and Section 13 – Targeted Case Management.</p>		<p>The site review team will review PIHP policy, assessments, individual plans of service and ACT team member progress notes to assure that beneficiaries are assisted in obtaining services and supports that are goal oriented and individualized.</p> <p>Case management services include assessment, planning linkage, advocacy, coordination and monitoring to assist beneficiaries in gaining access to needed health and dental services, financial assistance, housing, employment, education, social services, and other services and natural supports developed through the person-centered-planning process.</p>	<p>PIHP contract language may specify required services included in contracts with provider. A PIHP may be monitoring provider network compliance during contract renewals or during clinical record reviews.</p>
<p>B.4.5. ACT crisis response coverage services are available 24 hours a day, 7 days a week. Crisis response coverage includes psychiatric availability.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4.3</p>		<p>The site review team will review PIHP policy and procedures, team meeting minutes, progress notes and interview staff and consumers to verify that ACT services are available 24 hours a day, 7 days a week, including crisis response coverage</p>	<p>The PIHP may have policies that address access to ACT services for crisis response services. The PIHP may have these requirements outlined in ACT contracts and may be monitoring compliance with those requirements.</p>

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		<p>(psychiatric availability) and rapid response to de-compensation.</p> <p>The ACT program must have the capacity to involve the ACT psychiatrist in crisis response services when the nature of the individual's crisis would warrant this level of involvement.</p> <p>NOTE: if the PIHP's Access Service is used to respond to any after-hours calls made by ACT consumers, referral procedures should be in place to immediately link ACT consumers with the on-call ACT team member(s) without Access Services staff conducting any triage activities.</p>	
<p>B.4.6. ACT team meetings are held daily and are attended by all staff members on duty.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4.3</p>		<p>The site review team will review PIHP policy and procedure and team meeting minutes to assure that ACT team meetings are held daily (Monday – Friday, exclusive of holidays) and meeting minutes identify all staff members present.</p>	<p>The PIHP's contract for ACT services may require compliance with the requirement that ACT team meetings are held daily and that they are attended by all staff on duty. The PIHP may be monitoring compliance with those requirements during contract oversight activities or clinical record review processes.</p>
<p>B.4.7. Physician meets with the ACT team on a frequent basis.</p> <p>Medicaid Provider Manual, MH/SA, Section 4.3- Assertive Community Treatment Program –</p>		<p>The site review team will review PIHP policies, procedures and team meeting minutes to assure that the physician meets with team at least weekly.</p>	<p>The PIHP's contract for ACT services may require compliance with the requirement that the physician meets with the team at least weekly. The PIHP may be monitoring compliance with those requirements during</p>

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Team Composition and Size.			contract oversight activities or clinical record review processes.
<p>B.4.8. Meeting activities and documentation comply with Medicaid Provider Manual Requirements.</p> <p>Medicaid Provider Manual, MH/SA, Section 4.3 – Essential Elements</p>		The site review team will review PIHP policy and procedure and ACT team-meeting minutes to assure that the status of all beneficiaries is reviewed. Documentation of daily team meetings must address all individuals.	<p>The PIHP’s contract for ACT services may require compliance with the requirement that meeting activities and documentation comply with Medicaid Provider Manual Requirements.</p> <p>The PIHP may be monitoring compliance with those requirements during contract oversight activities or clinical record review processes.</p>
<p>B.4.9. Team composition is sufficient in number to provide an intensive array of services on a 24-hour/7days a week basis (including capability of multiple daily contacts); and team size is based on a staff (excluding psychiatrist, peers who don't meet the paraprofessional or professional staff criteria and clerical staff) to consumer ratio of not more than 1:10.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4.3</p>		<p>The site review team will review PIHP policy and procedure, account for the number of ACT consumers served by the ACT team, account for the number of ACT staff full time equivalents and calculate whether the program meets the 1:10 requirement. This information will be gathered from the medical record numbers provided by the PIHP.</p> <p>Sources of information will include: ACT staff roster, listings of individuals receiving ACT services, and Organizational Charts.</p>	<p>The PIHP’s contract for ACT services may require compliance with the requirement that team composition is sufficient in number.</p> <p>The PIHP may be monitoring compliance with those requirements during contract oversight activities or clinical record review processes. It may also be demonstrated by the PIHP comparing encounter data against team rosters to ensure compliance with the staffing ration requirements.</p>
<p>B.4.10. Team composition meets Medicaid Provider Manual requirements.</p> <p>Medicaid Provider Manual, Mental Health and</p>		The site review team will review PIHP policy and procedures, organizational charts and personnel records to assure that the ACT team	The PIHP’s contract for ACT services may require compliance with the requirement that team composition meets Medicaid

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Substance Abuse Services Chapter, Section 4.3		includes the required team composition. The site review team will look at staff position descriptions and credentials.	Manual requirements. The PIHP may be monitoring compliance with those requirements during credentialing processes, contract oversight activities or clinical record review processes.
<p>B.4.11. Discharge is not prompted by cessation or control of symptoms alone, but is based on criteria that includes recovery and preference of consumer.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4.5</p>		The site review team will discuss the PIHP's provider network's process for discharging or transitioning individuals from ACT into another program or service.	<p>The PIHP's contract for ACT services may require compliance with the requirement that discharge is not prompted by cessation or control of symptoms alone, but is based on criteria that includes recovery and preference of consumer.</p> <p>The PIHP may be monitoring compliance with those requirements during contract oversight activities utilization management, service reauthorization or clinical record review processes.</p>
<p>B.4.12. Majority of ACT services are provided according to the beneficiary's preference and clinical appropriateness in the beneficiary's home or other community locations rather than the team office.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4.4</p>		The site review team will review progress notes to ensure that the majority of face-to-face contacts occur in the beneficiary's home or other community locations rather than the team office.	<p>The PIHP's contract for ACT services may require compliance with the requirement that the majority of ACT services are provided according to the beneficiary's preference and clinical appropriateness in the beneficiary's home or other community locations rather than the team office.</p> <p>The PIHP may be monitoring compliance with those requirements during contract oversight activities, analysis of aggregated encounter data or clinical record review processes.</p>

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<p><u>B.5. CLUBHOUSE PSYCHO-SOCIAL REHABILITATION PROGRAM</u> <u>(Medicaid Provider Manual, Mental Health/Substance Abuse, Section 5.)</u></p>			
<p>B.5.1. Program is approved by DCH to provide Psycho-Social Rehabilitation Services.</p>		<p>The site review process will verify that PSR programs have gone through the required enrollment approval process. This is done to ensure that all PSR programs are operated in fidelity with the Medicaid Provider Manual.</p> <p>The site review team will verify the enrollment status of the program prior to conducting the on-site review. During the on-site review, the site review team will verify that no changes have taken place that would require re-enrollment of the program, i.e., change of provider or physical location.</p> <p>The PSR enrollment process conducted by the Department's PSR Specialist will ensure that the program day is of sufficient length to meet the expectations for PSR programs.</p> <p>Enrollment documentation maintained at the Department will be reviewed prior to conducting an on-site review. The program may also wish to maintain</p>	<p>The PIHP may have the capacity to demonstrate that new PSR programs are approved by the Department prior to submitting encounters, as well as having the capacity to ensure that PSR encounters are no longer reported after a program has been dis-enrolled.</p>

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		a copy of the enrollment approval letter issued by the Department.	
<p>B.5.2. <u>Eligibility:</u></p> <p>PSR members are adults with a serious mental illness who wish to participate in the PSR program and have identified psychosocial rehabilitation goals that can be achieved.</p>	<p>PSR is designed to assist people with serious mental illness to become more independent and lead fulfilling lives. Therefore to be eligible for services individuals have to meet medical necessity criteria defined by the department.</p> <p>In order for the Clubhouse to function effectively, members must be willing to participate in activities. It is not appropriate for members to attend the PSR without participating in clubhouse activities or to simply attend the program in order to meet their spend-down requirements.</p> <p>PSR programs are designed specifically for individuals with serious mental illness. This</p>	<p>The site review team will review PIHP policy, professional assessments and individual plans of service to assure that individuals receiving PSR services meet the eligibility requirements as listed in the dimensions/indicators.</p> <p>The review team will look at clinical records (i.e. clinical assessments, psychiatric evaluations, individual plan of service) to ensure that individuals have a qualifying diagnosis for participating in PSR programs. Individuals must have a diagnosis that qualifies as a serious mental illness; a diagnosis of developmental disability or substance use disorder by itself is insufficient.</p> <p>The review team will look at the members' clinical records to verify that any individuals with a developmental disability also have a qualifying Axis I diagnosis.</p>	<p>A PIHP's contract compliance activities, utilization management activities or clinical record reviews may demonstrate compliance with PSR eligibility requirements.</p>

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	includes individuals who have serious mental illness with a dual diagnosis.		
<p>B.5.3. <u>Structure/Organization:</u></p> <p>Members have access to the clubhouse during times other than the ordered day, including evenings, weekends, and all holidays.</p>	<p>Access to the Clubhouse program and services develops community inclusion, promotes a sense of belonging, increases meaningful activities and enhances member's social skills, as well as provides recreation opportunities.</p> <p>Members should have the opportunity to structure their time in hours other than the regular working day. By providing access to clubhouse program outside of the ordered day, the Clubhouse decreases member isolation. Attendance on actual holidays provides a sense of family for consumers that do not have family.</p>	<p>The review team will be looking for documentation that supports that the Clubhouse has provided activities and events for those holidays on which it is closed. Holidays are defined as any day set aside by law or custom for the suspension of business, usually in commemoration of some event.</p> <p>The Clubhouse membership may choose not to be open or to offer any Clubhouse services on a given holiday. However, if the clubhouse is closed on a holiday, the review team will look for evidence that the members were canvassed as to whether they wanted access to the Clubhouse program and services on that day. The Clubhouse should remain open or alternative Clubhouse activities should be provided on the holiday for any members who desire it. This process should be documented in Clubhouse meeting minutes or in another manner.</p> <p>The review team is also looking for a</p>	<p>A PIHP's utilization management activities, service encounter data analysis or clinical record reviews may demonstrate compliance with the requirement that members have access to the clubhouse during times other than the ordered day, including evenings, weekends, and all holidays.</p>

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		<p>schedule that demonstrates that access to the clubhouse occurs during evening and weekends. Minimal compliance would be documentation that the clubhouse program provided services at least one night per week, and one weekend per month.</p>	
<p>B.5.4. The program must have a schedule that identifies when program components occur.</p>	<p>A schedule assists in giving members structure in their day-to-day routines. A schedule instills order to one's day and enhances member ability to establish a routine outside of the Clubhouse.</p>	<p>The review team will look for such documentation as a posting of daily, weekly and monthly activities. This could be on paper or posted on a bulletin or chalkboard. An enlarged schedule posted in plain view in a reception area or by the entrance would demonstrate compliance with this requirement.</p> <p>The calendar should list out not only the "special events" but the whole schedule, including time slots for the work ordered day, lunch, support groups, and all the day to day functions of the clubhouse.</p>	<p>A PIHP's contract management review activities, and/or site visits reviews may demonstrate compliance with the requirement that the program has a schedule that identifies when program components occur.</p>
<p>B.5.5. The program must have 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.</p>	<p>A work ordered day provides members with the skills to transition into competitive employment. A work ordered day encourages the success of members through vocational and</p>	<p>The review team will look for evidence that components of the work-ordered day are provided in accordance with the schedule.</p> <p>The review team will look for evidence that the Clubhouse program links members to community</p>	<p>A PIHP's contract management review activities, and/or site visits reviews may demonstrate compliance with the requirement that the program have an ordered day; vocational & educational support; and member supports.</p>

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	<p>educational experiences and allows members to achieve substantial work and social competencies. Outreach to members assists them with issues that may be holding them back. Self help groups enhance the quality of life and offer needed support and networking with individuals facing similar circumstances. Clubhouse programs help fulfill member's needs for food, clothing, shelter, transportation, and securing and maintaining entitlements. Members build relationships and acquire skills for inclusion in the community, as well as gain the ability to develop and nurture long-term relationships. A clubhouse gives individuals input from social situations to help monitor mental health symptoms, issues, and concerns.</p>	<p>resources, helps members obtain basic necessities, and builds social opportunities for members. Evidence of compliance will be obtained through interviews with Clubhouse members and reviews of member files.</p>	

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	<p>The work ordered day and the essential elements of a clubhouse are defined in the Medicaid Bulletin. These are the minimum standards.</p>		
<p>B.5.6. 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.</p>	<p>Clubhouse programs are designed to build skills that will enable members to achieve a full life style inclusive of employment. One of the goals of clubhouses is to develop member work skills so that they may graduate from the program and to encourage work outside the clubhouse.</p> <p>Employment related activities give members the opportunity to transition into positions independent of governmental supports and develop job skills that will last a lifetime.</p>	<p>The review team will look at how the Clubhouse assists in developing the member's ability to obtain and maintain employment. The Clubhouse should maintain evidence that supported employment, transitional employment, volunteer opportunities, and associations with employment agencies and services outside of the CMHSP/PIHP system are occurring. This could include linking with Michigan Jobs Commission, Michigan Works, Goodwill, Temporary Services, and other job placement offices.</p> <p>The review team will ask staff and members what agencies they have used for linking to employment services and their experiences with them. The review team will verify by record review that this is occurring. This will also be discussed as part of the member interview process.</p>	<p>A PIHP's contract management review activities, and/or site visits reviews may demonstrate compliance with the requirement that services directly relate to employment, including transitional employment, supported employment, on-the-job training, and community volunteer opportunities. Some PIHPs may have policies on how employment services and the goal of achieving employment are delivered in PSR settings and the role of the PSR program.</p>

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		<p>During clinical record reviews, the review team will evaluate how the PSR addresses employment in individual progress notes.</p> <p><u>Probative Questions</u></p> <p>How does the clubhouse program fit into the PIHP’s overall employment strategy.?</p> <p>Are clubhouse staff involved in other employment related activities within the PIHP?</p>	
<p>B.5.7. Members influence and shape program operations.</p>	<p>The purpose of this requirement is to give the membership some level of control of the day-to-day operations of the clubhouse. Members become confident as they realize they can make a difference. Being involved in shaping the program operations gives a sense of worth and contributes positively to the clubhouse.</p> <p>The Clubhouse philosophy is that the Clubhouse program</p>	<p>The Clubhouse should be able to demonstrate the process by which members shape and influence Clubhouse operations. Documentation, i.e., administrative policies, member meeting minutes, as well as program operation should clearly demonstrate members' involvement in designing and implementing the Clubhouse program.</p> <p>The review team will look at minutes from meetings and observe clubhouse operations to evaluate if members are dependant or independently influencing and shaping Clubhouse operations. This question will also be</p>	<p>A PIHP’s contract management review activities, focus groups with Clubhouse members and/or site visits reviews may demonstrate compliance with the review dimension. Summary of a focus group, satisfaction surveys conducted by a PIHP may demonstrate compliance with this requirement.</p>

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	<p>should be run by members and staff. It is a responsibility of clubhouse to make sure this happens.</p>	<p>asked of members during interviews conducted at Clubhouse programs.</p> <p>The department’s Clubhouse specialist will also visit the program for one to two days during the initial enrollment process and also occasionally at other times for subsequent consultation purposes.</p>	
<p>B.5.8. Staff and members work side by side to generate and accomplish individual/team tasks and activities necessary for the development, support and maintenance of the program.</p>	<p>Working side by side with staff members enables the members to develop a sense of teamwork and program ownership. It increases social interactions and provides opportunities for positive role modeling.</p> <p>Associations with other members and staff makes it easier for members to reach their goals and helps members focus on completing required tasks for a longer period of time. When members actively work on individual and team tasks they can build an appreciation for their</p>	<p>The review team will observe how staff and members interact with each other and assess whether the interactions promote or discourage staff and members from working together in operating the Clubhouse. Are interactions verbally encouraging or dictatorial, and/or controlling? Does the physical layout of the Clubhouse promote or discourage member-staff interaction?</p> <p>During interviews with Clubhouse members, the review team will ask if staff and members are working side-by-side to accomplish PSR program tasks and activities.</p>	<p>A PIHP’s summary of observational activities conducted in association with contract management review activities, focus groups with Clubhouse members and/or site visits reviews may demonstrate compliance with the review dimension.</p>

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	involvement and contribution, and have an interest in its success.		
<p><u>B.6. CRISIS RESIDENTIAL SERVICES</u> <u>Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6.)</u></p>			
<p>B.6.1. <u>Eligibility:</u> Persons who meet psychiatric inpatient admission criteria, but who have symptoms and risk levels that permit them to be treated in alternative settings.</p>	<p>Services are designed for those beneficiaries who meet psychiatric inpatient admission or at risk of admission, but who can be appropriately served in settings less intensive than a hospital.</p>	<p>The review team will review access center referral notes and admission or assessment documentation to ensure that eligibility criteria are met.</p>	
<p>B.6.2. <u>Structure/Organization</u> Services must be designed to resolve the immediate crisis and improve the functioning level of the person receiving services to allow them to return to less intensive community living as soon as possible.</p>	<p>Since the program is a short term, the plan of service of the individual admitted to crisis residential should focus on alleviating the symptoms, improving his or her coping skills and increasing knowledge about community resources.</p>	<p>The review team will look at the individual's plan of service, psychiatrist notes, case manager's notes, RN notes and direct care staff progress notes to assess whether services are designed to resolve the crisis that led to admission and to improve the individual's functioning level.</p>	<p>The PIHP may have clinical record review documents which demonstrate compliance with the site review dimension.</p>
<p>B.6.3. Covered services include: psychiatric supervision; therapeutic support services; medication management/stabilization and education; behavioral services; and nursing</p>	<p>Required covered services help the individual develop insight into their problems, improve</p>	<p>The team will review the individual plans of service, psychiatric progress notes and staff progress notes to ensure that the full range of covered</p>	<p>The PIHP may have clinical record review documents which demonstrate compliance with the site review dimension.</p>

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services.	coping skills or problem solving skills and increase compliance with their medication regime.	services are provided. Documentation may include a schedule that delineates when services and supports are being provided to the individual.	
B.6.4.(a) 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.		The site review team will: <ul style="list-style-type: none"> • Review agency policy and procedure or other documentation, that defines availability of nursing services through regular consultation, i.e., daily for 4 hours or once or three times a week • Interview CRU Staff. • Clinical record review 	The PIHP may have clinical record review documents, or contract monitoring activities which demonstrate compliance with the site review dimension.
B.6.4.(b) 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.		For adult Crisis residential services, with six beds or less the program must include on-site nursing services. With 24 hour availability (RN or LPN under appropriate supervision). It is expected that the RN/LPN must have one-hour contact daily per resident, seven days a week. However, for crisis residential that is licensed for 7-16 beds. On-site nursing is required 8 hours a day, 7 days a week, with 24, hour's	The PIHP may have clinical record review documents, or contract monitoring activities which demonstrate compliance with the site review dimension.

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		availability. The team will review the RN/LPN schedule to determine if there is adequate nursing services coverage to meet the standards.	
<p>B.6.5. <u>Staffing:</u></p> <p>Treatment services must be provided under supervision of a psychiatrist.</p>	<p>The psychiatrist is the primary treatment provider; therefore he is expected to be involved onsite in the course of treatment of the individual and oversight of the program.</p> <p>Reference Medicaid Provider Manual Section 6.4.</p>	<p>The team will review the role of the psychiatrist in the treatment planning process and look for the psychiatrist's signature on the plan of service to assure that he/she approved the individual plan of service developed by the team. The team will also look for the presence of other evidence that supports that the treatment is provided under the supervision of a psychiatrist. This evidence may include on-site psychiatric treatment and supervision of the program, staff supervision notes, meeting minutes, psychiatric review and signature on the individual plan of service, etc.</p>	<p>The PIHP may have clinical record review documents, or contract monitoring activities which demonstrate compliance with the site review dimension.</p>
<p>B.6.6. The IPOS for individuals receiving crisis residential services must be developed within 48 hours of admission.</p>	<p>Move it back.</p> <p>Services must be delivered according to IPOS based on an assessment of immediate needs of an individual.</p> <p>Since the program is short term, the plan is required to be completed</p>	<p>The review team will review the date when the initial IPOS was completed by the crisis residential staff to ensure that it was completed within 48 hours of admission to the crisis residential program.</p>	

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	within 48 hours of admission and signed by the beneficiary if possible.		
B.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 psychiatrist and any other professionals involved in treatment planning.	Move it back	The review team will review the IPOS and look for signatures of the consumer/guardian, psychiatrist and the treatment team.	
B.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.	Move it back	The site review team will review the IPOS to ensure that discharge planning and the need for any follow-up services is addressed in the plan. The case manager and their role in assisting with aftercare services must be identified in the IPOS.	
B.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.		The review team will examine clinical record documentation, i.e., crisis residential notes, and case management contact notes, to ensure the case manager's involvement in treatment and follow-up services.	The PIHP may have clinical record review documents, or contract monitoring activities which demonstrate compliance with the site review dimension.
B.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.		There must be clinical justification for individuals to receive crisis residential services for more than 14 days. The reviewer will look for and examine the following documentation: <ul style="list-style-type: none"> • Updated current assessment 	The PIHP may have clinical record review documents, or contract monitoring activities which demonstrate compliance with the site review dimension.

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		<p>or new assessment based on the changes of beneficiary’s medical or psychosocial status.</p> <ul style="list-style-type: none"> • Updated plan of service based on the current assessment. 	

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<p><u>B.7. TARGETED CASE MANAGEMENT</u> <u>(Medicaid Provider Manual, Mental Health/Substance Abuse, Section 13)</u></p>	<p>Targeted case management is a covered service that assists beneficiaries to design and implement strategies for obtaining services and supports that are goal oriented and individualized. Services include assessment, planning, linkage, advocacy, coordination and monitoring to assist beneficiaries in gaining access to needed health and dental services, financial assistance, housing, employment, education, social services, other services and natural supports developed through the person centered planning process.</p>	<p>The site review team will verify program registration at the MDCH office.</p> <p>Sources or documents evidencing compliance would include:</p> <p>Enrollment Letters MDCH Records</p>	
<p>B.7.1. <u>Eligibility:</u></p> <p>Children with serious emotional disturbance, adults with mental illness, persons with a developmental disability, and those with co-occurring substance use disorders who have multiple service needs; have a high level of vulnerability; require access to a continuum of</p>	<p>Refer to the Medicaid Provider Manual Section 13-Targeted Case Management.</p>	<p>The site review team will review assessments to identify multiple service needs and to verify that individual plans of service contain goals reflecting those identified needs that require assistance in accessing, managing and maintaining adequate and appropriate physical and/or</p>	<p>The PIHP may have clinical record review documents, utilization management or contract monitoring activities which demonstrate compliance with the site review dimension.</p>

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<p>mental health services; or are unable to independently access and sustain involvement with services.</p>		<p>behavioral health care, food, housing, education, job training or other needs as identified through the person-centered-planning process.</p> <p>Evidence of compliance may include:</p> <ul style="list-style-type: none"> MDCH Records Administrative Policies and Procedures Administrative Staff Interview Individual Case Records Clinical Staff Interview Consumer/Family Interview 	
<p>B.7.2. Persons must be provided a choice of available, qualified case management staff upon initial assignment and on an ongoing basis.</p>	<p>Refer to the Medicaid Provider Manual Section 13-Targeted Case Management.</p>	<p>The site review team will review PIHP policy and procedure or other documents for assigning case managers, and interview staff and beneficiaries to verify that beneficiaries are provided a choice of qualified case management staff upon initial assignment and at any point in time.</p> <p>Evidence of compliance may be found in:</p> <ul style="list-style-type: none"> Administrative Records Policies and Procedures or other documents Administrative Staff Interview Individual Records Clinical Staff Interview Consumer/Family Interview 	<p>The PIHP may have clinical record review documents, contract monitoring activities, and/or Access/customer services activities which demonstrate compliance with the site review dimension.</p>

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		<p><u>Probative Question</u></p> <p>Have you ever wanted to change your case manager?</p>	
B.7.3. The case manager completes an initial written comprehensive assessment and updates it as needed.		<p>The site review team will review case management assessments to assure that they address the beneficiary's needs/wants, barriers to achieving those needs/wants, supports to address barriers, and health and welfare issues.</p> <p>Assessments must be updated when there is significant change in the condition or circumstances of the beneficiary.</p>	
B.7.4. The case record contains sufficient information to document the provision of case management services.		<p>The site review team will review case record documentation to verify that it includes the nature of the service, the date, and the location of contacts between the case manager and the beneficiary, and whether the contacts were face-to-face.</p>	
B.7.5. The case manager determines if the services and supports have been delivered, and if they are adequate to meet the needs/wants of the beneficiary.		<p>The site review team will review case record documentation to verify that the frequency and scope (face-to-face and telephone) of case management monitoring activities reflect the intensity of the beneficiary's health and welfare needs identified in the individual plan of services.</p>	

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<p><u>B.8. PERSONAL CARE IN LICENSED RESIDENTIAL SETTINGS</u> <u>(Medicaid Provider Manual, Mental Health/Substance Abuse, Section 11)</u> <u>Administrative Rule R330.1801-09 (as amended in 1995)</u></p>			
<p>B.8.1. <u>Structure/Organization:</u> The assessment of the individual’s need for personal care services uses a format that captures the required elements. R 330.2810 Medicaid Provider Manual, Section 11</p>		<p>The team will review clinical records to determine compliance with the personal care services assessment requirements as outlined in the Medicaid Provider Manual.</p>	
<p>B.8.2. <u>Structure/Organization:</u> Personal care services are authorized by a physician or other healthcare professional. R 330.2810 Medicaid Provider Manual, Section 11</p>		<p>The team will review clinical records to determine compliance with the requirement that services were appropriately authorized by a physician or a healthcare professional as defined in the Medicaid Provider Manual.</p>	
<p><u>B.9. INPATIENT PSYCHIATRIC HOSPITAL ADMISSION</u> <u>(Medicaid Provider Manual, Mental Health/Substance Abuse, Section 8; M.C.L. 330.1209(a))</u></p>			
<p>B.9.1. Inpatient pre-admission screening services must be available 24 hours a day, 7 days a week.</p>	<p>Refer to the Medicaid Provider Manual Section</p>	<p>The site review team will review PIHP policies and procedures, as well</p>	<p>The PIHP may have clinical record review documents, utilization management data,</p>

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	<p>8 Inpatient Psychiatric Hospital Admissions. PIHP responsibilities include ensuring that direct operated crisis screening and any contractual screening services cover the 24-hour period, seven days per week.</p>	<p>as interview staff and consumers to assure that inpatient pre-screening services are available 24 hours a day, 7 days a week.</p> <p>Administrative policies and procedures or other documentation needs to identify how the screening process is available 24-7.</p> <p>The review team will look at sample of inpatient pre-admission screenings to see if they demonstrate that services were available 24-7.</p>	<p>screening service utilization, contracts or contract monitoring activities which demonstrate compliance with the site review dimension.</p>
<p>B.9.2. Disposition is completed within three hours.</p>	<p>Refer to the standards for reporting the pre-admission screening timeliness for the performance indicator system. Those requirements may be found in the Reporting Requirements attached to the contract.</p>	<p>The review team will look at sample of inpatient pre-admission screenings to see if decisions were made within the three-hour time frame identified in the performance indicator system.</p> <p>The review team will look for evidence of a recorded start time: When the beneficiary is clinically, medically and physically available to the CMHSP/PIHP. When emergency room or jail staff informs CMHSP/PIHP that is ready to be assessed or when an individual presents at an access center and is clinically cleared.</p> <p>Next, the review team will look for recorded evidence of the time the</p>	<p>The PIHP may have clinical record review documents, utilization management, contract monitoring activities, or performance indicator data which demonstrate compliance with the site review dimension.</p>

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		<p>evaluation actually begins.</p> <p>Finally, the review team will look for evidence of a recorded stop time when the clinician (in the access center or emergency room) who has the authority or the utilization management unit that has the authority, makes the decision whether or not to admit the beneficiary to a psychiatric unit of a hospital.</p> <p>Note: After the decision is made the clock stops but other activities will continue such as transportation, arranging for hospital bed and or crisis stabilization.</p>	
<p>B.9.3. The PIHP is responsible for ensuring that discharge planning is completed in conjunction with hospital personnel.</p>		<p>The site review team will review consumer records for documentation that supports that discharge planning is completed in conjunction with hospital personnel. Supporting documentation, i.e., continuing stay reviews, discharge plans, progress notes, etc., should demonstrate that PIHP staff members have been actively involved in discharge planning activities. Evidence of active involvement could include documented phone calls with hospital staff, and attendance at discharge planning meetings.</p>	<p>The PIHP may have clinical record review documents, utilization management or contract monitoring activities which demonstrate compliance with the site review dimension.</p>

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<p><u>B.10. INTENSIVE CRISIS STABILIZATION SERVICES</u> <u>(Medicaid Provider Manual, Mental Health/Substance Abuse, Section 9)</u></p>	<p>It is important to differentiate an Intensive Crisis Stabilization Services program from general crisis intervention services. Crisis intervention services are unscheduled activities that are provided in response to a crisis situation. Crisis intervention services include crisis response, crisis line, assessment, referral, and direct therapy. By way of contrast, Intensive Crisis Stabilization Services is a short-term alternative to inpatient psychiatric hospitalization provided by a professional treatment team under the supervision of a psychiatrist. Intensive Crisis Stabilization Services programs must be formally approved by the Department of Community Health.</p>	<p>A written program description of the Intensive Crisis Stabilization Services program is submitted to DCH for approval. The program must be provided under the auspices of a PIHP. The team coordinator will check the current approval status of the Intensive Crisis Stabilization Services program prior to conducting the on-site review.</p>	
<p>B.10.1. <u>Eligibility:</u></p>	<p>Intensive Crisis Stabilization Program</p>	<p>Intensive Crisis Stabilization Program services are structured treatment and</p>	<p>The PIHP may have clinical record review documents, utilization management, access</p>

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<p>Persons with a diagnosis of mental illness or mental illness with a co-occurring substance abuse disorder, or developmental disability, who have been assessed to meet criteria for psychiatric hospital admission, but who with intense interventions, can be stabilized and served in their usual community environments or persons leaving inpatient psychiatric services if crisis stabilization services will result in shortened inpatient stay.</p>	<p>services are designed for beneficiaries who have been assessed to meet the eligibility criteria for psychiatric hospitalization admission, but with intense interventions, can be stabilized and served in their usual community environments. This means that the program must have the capacity to provide intensive crisis stabilization services in the individual's home or other community settings, according to the preferences of the individual receiving services. Intensive crisis stabilization services must not be provided exclusively or predominately in established residential program settings, crisis centers, or screening centers.</p>	<p>support activities provided by a mental health crisis team and intended to provide a short-term alternative to in-patient services. The services may be used to avert a psychiatric admission or to shorten the length of an inpatient stay when clinically appropriate.</p> <p>Beneficiaries must have a diagnosis of mental illness or mental illness with co-occurring substance abuse disorder or developmentally disability to be eligible for Intensive Crisis Stabilization Services.</p> <p>To assess compliance with this review dimension, the site review team will look for supporting documentation of compliance in:</p> <ul style="list-style-type: none"> • the access referral form • hospital discharge notes • Review of the admission notes by the caseworker • Clinical record • psychiatric notes 	<p>authorization (pre-admission screening) or contract monitoring activities which demonstrate compliance with the site review dimension.</p>
<p>B.10.2. <u>Structure/Organization</u>: Intensive/Crisis stabilization services are</p>	<p>The program must have an identified team of staff members responsible for</p>	<p>The site review team will review:</p> <ul style="list-style-type: none"> • clinical records such as 	<p>The PIHP may have clinical record review documents or contract monitoring activities which demonstrate compliance with the site</p>

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<p>intensive treatment interventions delivered by an intensive/crisis stabilization treatment team under psychiatric supervision.</p>	<p>providing intensive crisis stabilization services. The team must contain mental health professionals and may contain properly trained para-professionals.</p> <p>The program must be under the supervision of a psychiatrist who approves the treatment modality of a consumer according to his needs. Direct on-site supervision is not required, but the psychiatrist must be available by telephone at all times.</p>	<p>progress notes by the assigned team.</p> <ul style="list-style-type: none"> • psychiatric contact notes <p>The review team will also look for the psychiatrist's signature on the individual plan of service as evidence of psychiatric supervision of the program. The program must be able to demonstrate that the psychiatrist is available by telephone at all times.</p>	<p>review dimension.</p>
<p>B.10.3. Services include intensive individual counseling/psychotherapy, assessments (rendered by the treatment team), family therapy, psychiatric supervision and therapeutic support services by trained paraprofessionals.</p>	<p>Mental health professionals, who work with consumers receiving Intensive Crisis Stabilization Services, provide intensive treatment to prevent future crisis with education and support on coping skills, medication education and use of community resources.</p>	<p>The site review team will review:</p> <ul style="list-style-type: none"> • individual plan of service and look for services appropriate for the individual's needs • family involvement and the use of other natural supports in the intensive crisis stabilization services • caseworker progress notes to determine if frequency of contacts match the identified 	<p>The PIHP may have clinical record review documents or contract monitoring activities which demonstrate compliance with the site review dimension.</p>

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	Family involvement in the treatment process is strongly encouraged if needed.	service amount, scope and duration in the individual plan of service	
B.10.4. Nursing services/consultation must be available.		The review team will review administrative and clinical record documentation to ensure that the program has the capacity to make nursing services or nursing consultation available.	The PIHP may have clinical record review documents or contract monitoring activities which demonstrate compliance with the site review dimension.
B.10.5. The IPOS for individuals receiving Intensive crisis stabilization services treatment plan must be developed within 48 hours.	Does not belong in PCP Move it back. Intensive Crisis Stabilization Services may be provided initially to alleviate an immediate or serious psychiatric crisis. However, following the resolution of the immediate situation (and within no more than 48 hours) an intensive crisis stabilization services treatment plan must be developed.	The review team will look for evidence to support that the mobile crisis team provided services to stabilize the individual's crisis situation, i.e., referral notes, progress notes and admission notes. The record must reflect that the initial IPOS is completed within 48 hours.	
B.10.6. Plans for follow-up services (including other mental health services where indicated) after the crisis has been resolved. The role of the	The plan of service should clearly identify follow-up services and	The review team will review the clinical record to ensure there is documentation of follow-up or after	The PIHP may have clinical record review documents or contract monitoring activities which demonstrate compliance with the site

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case manager must be identified where applicable.	outline ongoing sources of assistance and referrals to other providers as needed. It is important to ensure that the individual is followed-up appropriately in the community after discharge from Intensive Crisis Stabilization services.	care services after discharge. If the individual was receiving case management services prior to receiving intensive crisis stabilization services, or a need for case management services is identified during delivery of intensive crisis stabilization services, then the role of the case manager must be identified in the individual plan of service.	review dimension.
B.10.7. If the individual receiving intensive crisis stabilization services is receiving case management services the assigned case manager must be involved in the treatment and follow up services.	Early interventions by the case manager may assist the individual's recovery from the crisis and shorten the time intensive crisis stabilization services are needed.	The review team will look for evidence in the clinical records to support coordination and linking of the consumers to other programs and services. Supporting documentation may be found in case management progress notes.	The PIHP may have clinical record review documents or contract monitoring activities which demonstrate compliance with the site review dimension.
B.10.8. For children's intensive crisis stabilization services the plan must address the child's needs in context with the family's needs; consider the child's educational needs; and be developed in context with the child's school district staff.	Developing a plan that addresses the family's needs and the educational needs of a child may help determine appropriate treatment interventions for the child and family.	The review team will examine the initial plan of service to ensure that it is family focused and that coordination occurs with other agencies such as the child's school.	The PIHP may have clinical record review documents or contract monitoring activities which demonstrate compliance with the site review dimension.

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<p><u>B.11. CHILDREN’S WAIVER</u> <u>(Medicaid Provider Manual, Mental Health/Substance Abuse, Section 14 and Appendix)</u></p>	<p>The Children’s Waiver site review protocol is in the process of being revised by staff from the Office of Services to Children and Families. Integration of the site reviews formerly completed by staff from the Division of Quality Management and Planning and the Office of Services to Children and Families will occur after those site review protocols have been completed.</p>		
<p><u>B.12. HABILITATION SUPPORTS WAIVER</u> <u>(Medicaid Provider Manual, Mental Health/Substance Abuse, Section 15)</u></p>	<p>The purpose of this section is to ensure that the PIHP is complying with Habilitation Supports Waiver (HSW) eligibility requirements, freedom of choice provision, service provider qualifications, administrative procedures and developing plans of service that promotes independence, community integration,</p>		

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	and productivity for individuals served through the HSW.		
B.12.1. If a Waiver enrollee receives Environmental Modifications or Equipment, the PIHP has implemented prior authorizations in accordance with their process.		The site review team will review the PIHP's process for prior authorizing environmental modifications or equipment provided under the Waiver. If an individual whose record is selected for review has received an environmental modification or equipment, the site review team will look for and review documentation which supports that the PIHP has complied with their prior authorization policy.	The PIHP may have evidence from clinical records, administrative documentation, utilization management, prior approval authorization or contract monitoring activities which demonstrate compliance with the review dimension.
B.12.2. Individual had an ability to choose among various waiver services. Medicaid Provider Manual, Section 15		The site review team will look for evidence that demonstrates that individuals were informed about their right to chose among various waiver services in the context of their eligibility for various services and how the individual's choices were documented and subsequently reflected in their individual plan of service. Interviews with consumers will be used to help determine compliance with the review dimension.	The PIHP may have evidence from clinical records, administrative documentation, utilization management, or contract monitoring activities which demonstrate compliance with the review dimension.
B.12.3. Individual had an ability to choose their providers.		The individual must be provided with information regarding their right to	The PIHP may have evidence from clinical records, administrative documentation,

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Medicaid Provider Manual, Section 15		<p>request alternative providers or service sites.</p> <p>The review team will examine information provided to ensure that this requirement is met. Supporting documentation could be found in clinical records, administrative policies and procedures, as well as consumer/family and administrative interviews.</p>	utilization management, or contract monitoring activities which demonstrate compliance with the review dimension.
B.12.4. The IPOS for individuals enrolled in the HSW is updated within 365 days of their last IPOS.		The review team will examine the IPOS to ensure that it is not more than 365 days old.	
<p><u>B.13. ADDITIONAL MENTAL HEALTH SERVICES [(b)(3)s]</u> <u>(Medicaid Provider Manual, Mental Health/Substance Abuse, Section 17)</u></p>		If (b)(3) services are being provided, the site review team will review the clinical record to determine if (b)(3) services and supports are identified in the individual’s plan of service. (b)(3) services can not supplant other state plan or HSW services.	
<p>B.13.1. <u>Goals:</u></p> <ul style="list-style-type: none"> • Community Inclusion and participation • Independence • Productivity 	Goals will vary according to the individual’s needs and desires. However, goals that are inconsistent with least restrictive environment and individual choice and control can not be	<p>The team will review the individual plan of service to ensure that the plan of service includes goals in one or more of the following areas: community inclusion and participation, independence, or productivity.</p> <ul style="list-style-type: none"> • Independence (how the 	The PIHP may have evidence from clinical record reviews, utilization management, or contract monitoring activities which demonstrate compliance with the review dimension.

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	<p>supported by (b)(3) services unless there is documentation that health and safety would otherwise be jeopardized.</p> <p>The services in the plan, whether (b)(3) services alone or a combination of State plan or Habilitation Supports waiver services, must reasonably be expected to achieve the goals and intended outcome identified for the individual receiving services.</p>	<p>individual defines the extent of such freedom for him/herself during person-centered planning and or/ family centered practice).</p> <ul style="list-style-type: none"> • Beneficiary’s productivity by being engaged in activities that result in or lead to maintenance of increased self-sufficiency. • Community inclusion and participation (the use of community services and participation in community activities in the same manner as the typical citizen). 	
<p>B.13.2.1. <u>Supports and Services</u></p> <ul style="list-style-type: none"> • Assistive Technology 	<p>Assistive technology is an item or set of items that enable the individual to increase his ability to perform activities of daily living with a greater degree of independence than without them: to perceive, control or communicate with the environment in which he/she lives. These are items that are not available through other</p>	<p>The review team will look for documentation that supports that:</p> <ul style="list-style-type: none"> • The individual plan of service identifies items necessary for the individual to increase their ability to perform his/her activities of daily living functioning. • A physician prescription or physician-completed certificate of medical necessity is present. (Order valid for one year.) 	<p>The PIHP may have evidence from clinical record reviews, utilization management, or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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	<p>Medicaid coverage or through other insurance. Items identified must be specified in the plan of service and must be ordered by a physician on a prescription or certificate of medical necessity as defined in the General Information Section of the Medicaid Provider Manual.</p> <p>Covered assistive technology items must meet applicable standards of manufacture, design and installation.</p> <p>Reference, Medicaid Manual provider 17.3. Assistive technology</p>		
<p>B.13.2.2. Community Living Supports</p>	<p>Community Living Supports are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his/her goals of community inclusion and participation, independence or</p>	<p>The reviewers will look for the following documentation:</p> <ul style="list-style-type: none"> • That Community Living Supports are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his/her goals of community inclusion and participation, 	<p>The PIHP may have evidence from clinical record reviews, utilization management, or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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	<p>productivity. The support may be provided in the participant’s residence or in the community settings (including, but not limited to libraries, city pool, camps, etc.)</p> <p>Reference to Medicaid Provider Manual: 17.3, B Community Living Support</p>	<p>independence or productivity.</p> <ul style="list-style-type: none"> • Progress notes that demonstrate appropriate implementation of the plan. 	
B.13.2.3. Enhanced Pharmacy	<p>Enhanced pharmacy items are physician-ordered, non-prescription “medicine chest” items as specified in the individual plan of service.</p> <p>Reference to 17.3.C. Medicaid Provider Manual on Enhanced Pharmacy.</p>	<p>The reviewers will look for documentation that demonstrates:</p> <ul style="list-style-type: none"> • The item has been ordered by a physician • The item is not available through Medicaid or other insurances. 	<p>The PIHP may have evidence from clinical record reviews, utilization management, or contract monitoring activities which demonstrate compliance with the review dimension.</p>
B.13.2.4. Environmental Modifications	<p>Environmental modifications are physical adaptation to the beneficiary’s own home or apartment and/or workplace. There must</p>	<p>The reviewers will look for documentation that supports:</p> <ul style="list-style-type: none"> • The presence of a physician prescription for the environmental modification. • The PIHP has made efforts 	<p>The PIHP may have evidence from clinical records, administrative documentation, utilization management, prior approval authorization or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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	<p>be documented evidence that the modification is the most cost-effective alternative to meet the beneficiary’s need/goals based on the result of a review of all options, including a change in the use of rooms within the home or alternative housing or in the case of vehicle modification, alternative transportation.</p> <p>All modifications must be prescribed by the physician. Prior to the environmental modification being authorized, the PIHP may require that the beneficiary apply to all applicable funding sources (e.g., housing commission grants, MSHDA, and community development block grants) for assistance. It is expected that the PIHP case manager/supports coordinator will assist the beneficiary in his pursuit</p>	<p>to ensure that other funding mechanisms were pursued prior to using (b)(3) services as a funding source to make the environmental modification and that the environmental modification is the most cost effective way of meeting the individual’s needs.</p>	

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	<p>of these resources. Acceptance and denials by these funding sources must be documented in the beneficiary's records. Medicaid is a funding source of last resort.</p> <p>Reference to Medicaid Provider Manual 17.3.D Environmental modifications.</p>		
B.13.2.5. Family Support and Training	<p>Family Support and Training services are family-focused services provided to family (natural or adoptive parents, spouse, children, siblings, relatives, foster family in-laws and other unpaid care givers) of persons with serious mental illness, serious emotional disturbances or developmental disability for the purpose of assisting the family in relating to and caring for and /or living with disabilities. The services target the family members who are caring</p>	<p>The review team will review the clinical record to ensure that:</p> <ul style="list-style-type: none"> • The individual plan of service identifies the Family Support and Training necessary to assist the individual in achieving his/her goals • The individual plan of service identifies the Training and counseling goals, content, frequency and duration of the training. • Clinical progress notes and/or status reviews support provision of Family Support and Training as specified in the individual plan of service. 	<p>The PIHP may have evidence from clinical records, administrative documentation, utilization management, prior approval authorization or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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	<p>and/or living with an individual receiving mental health services.</p> <p>Reference to Medicaid Provider Manual 17.3.F Family support and training</p>		
<p>B.13.2.6. Housing Assistance</p>	<p>Housing assistance is assistance with short-term interim, or one-time-only expenses for beneficiaries transitioning from restrictive settings into more independent, integrated living arrangements while in the process of securing other benefits (e.g., SSI) or public programs (e.g., governmental rental assistance and /or home ownership programs) that will become available to assume these obligations and provide needed assistance.</p> <p>Reference Medicaid Provider Manual Section 17.3.G. Housing</p>	<p>The reviewers will evaluate the clinical record for the presence of the following documentation:</p> <ul style="list-style-type: none"> • Individual plan of service that contains a goal for independent living, and confirmation that the individual either lives in a home /apartment that he/she owns, rents or leases; or is in the process of transitioning to such a setting • Individual plan of service documents that the beneficiary-signed lease, rental agreement, or deed demonstrates the individual's control of the living arrangement • Any documentation that demonstrates efforts under way to secure other benefits such as SSI or Public 	<p>The PIHP may have evidence from clinical records, administrative documentation, utilization management, prior approval authorization or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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	Assistance.	program (governmental rental assistance. Community housing initiative and /or home ownership programs) so when these become available they will assume these obligations and provide the needed assistance.	
B.13.2.7. Peer Delivered Or Operated	<p>Peer-delivered or peer-operated support services are programs that provide individuals with opportunities to learn and share coping skills and strategies, move into more active assistance and away from passive patient roles and identities and to build and/or enhance self-esteem and self-confidence.</p> <p>Reference Medicaid Provider Manual Section 17.3.H. Peer-Delivered or Operated Support Services.</p>	The site reviewer staff will conduct site visits to the programs and evaluate if the programs are operated in compliance with requirements. Reference B.2. of this guideline for more detail on Peer-Delivered or Operated Drop-In Centers.	The PIHP may have evidence from clinical records, administrative documentation, utilization management, prior approval authorization or contract monitoring activities which demonstrate compliance with the review dimension.
B.13.2.8. Peer Specialist Services	The peer specialist services provide individual with opportunities to support,	The review team will look for evidence that the PIHP has the capacity to provide peer specialist services throughout the PIHP's	The PIHP may have evidence from clinical records, administrative documentation, utilization management, prior approval authorization or contract monitoring

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	<p>mentor and assist beneficiaries to achieve community inclusion, participation, independence, recovery, resiliency, and /or productivity. Peers are individuals who have a unique background and skill from their experience in utilizing services and supports to achieve their personal goals of community membership, independence and productivity. Peers have special ability to gain trust and respect of other beneficiaries based on shared experience and perspective with disabilities, and with planning and negotiating human services systems.</p> <p>Reference Medicaid Provider Manual 17.3.H for Peer Specialist Services.</p>	<p>catchment area. Information on the number of peer-specialists, their names, the capacity in which they are employed, and their roles within the organization will be requested prior to the review.</p> <p>The PIHP's capacity will also be evaluated by reviewing encounter data submitted by the PIHP, as well as discussing with the AFP panel, how peer specialist services are being implemented across the PIHP.</p> <p>MDCH currently requires that peer specialists for individuals with a mental illness meet the MDCH application process for specialized training and certification requirements.</p> <p>The review team will look for evidence that the PIHP has effective methods for informing individuals about the availability of peer specialist services. During interviews, the review team will ask individuals if they were informed about peer specialist services and if they were made available to the individual if desired.</p>	<p>activities which demonstrate compliance with the review dimension.</p>
<p>B.13.2.9. Drop-in Centers</p>		<p>See B.2.</p>	

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B.13.2.10. Prevention - Direct Service Models	<p>Prevention-direct service models are programs using individual, family and group interventions designed to reduce the incidence of behavioral, emotional or cognitive dysfunction, thus reducing the need for individuals to seek treatment through the public mental health system.</p> <p>Reference Medicaid Provider Manual, 17.3.1. Prevention-Direct Service Models.</p>	<p>The reviewer will look for documentation which supports that the PIHP has one or more direct service models in place (child care expulsion prevention, school success program, children of adults with mental illness/integrated services, infant mental health, parent education). Sources of information could include:</p> <ul style="list-style-type: none"> • Administrative materials which demonstrate the availability of one or more of the prevention-direct service models, i.e., customer service brochures, utilization information, etc. • Individual plans of service that identify the provision of one or more of the prevention-direct service models. 	<p>The PIHP may have evidence from clinical records, administrative documentation, utilization management, prior approval authorization or contract monitoring activities which demonstrate compliance with the review dimension.</p>
B.13.2.11. Respite Care Services	<p>Respite Care Services are services that are provided to assist in maintaining a goal of living in a natural community home by temporarily relieving the unpaid caregiver. PIHP's may not require active clinical treatment as a</p>	<p>The site review team will review clinical files and individual plans of service for documentation which supports that:</p> <ul style="list-style-type: none"> • decisions and amounts of respite are decided during person-centered planning • respite services do not supplant community living 	<p>The PIHP may have evidence from clinical records, administrative documentation, utilization management, prior approval authorization or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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	<p>prerequisite for receiving respite care. These services do not supplant or substitute for community living support or other services of paid support/training staff.</p> <p>Reference Medicaid Provider Manual Section 17.3.J. Respite Care Services.</p>	<p>supports or other services</p> <ul style="list-style-type: none"> • respite services are provided in appropriate settings (the individual's home or place of residence, a licensed family foster care home, facility approved by the State, home of a friend or relative, licensed camp, or in the community with a trained respite worker. 	
<p>B.13.2.12. Skill Building Assistance</p>	<p>Skill building assistance consists of activities that assist a beneficiary to increase his economic self-sufficiency and/or to engage in meaningful activities such as school, work and/or volunteering. The services provide knowledge and specialized skill development and/or support. Skill building assistance may be provided in the beneficiary's residence or in the community.</p>	<p>The reviewers will look for documentation that the beneficiary is not currently eligible for sheltered workshop services provided by Michigan Rehabilitation Services (MRS). In addition, the site review team will review the individual plan of service and other documentation to ensure that the provision of skill-building assistance is appropriately addressed.</p>	<p>The PIHP may have evidence from clinical records, administrative documentation, utilization management, prior approval authorization or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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	Reference: Medicaid Provider Manual, 17.3.K Skill Building Assistance.		
B.13.2.13. Support and Service Coordination	<p>Functions performed by a supports coordinator, coordinator assistant, case manager assistant, supports and services broker, or otherwise designated representative of the PIHP that include assessing the need for support and service coordination.</p> <p>Reference Medicaid Provider Manual, 17.3.L. Support and Service Coordination.</p>	<p>The reviewers will look for the following documentation:</p> <ul style="list-style-type: none"> • If a supports coordinator assistant or case management assistant is used, documentation must reflect appropriate supervision by the qualified supports coordinator or qualified case manager respectively. Supporting documentation could include: job descriptions, performance appraisals, supervisory notes, and co-signing of case record documentation. • If an individual has both a supports coordinator, assistant case manager, or coordinator assistant, and a services and supports broker, the individual plan of service must clearly identify the staff member who is responsible for each function. 	<p>The PIHP may have evidence from clinical records, administrative documentation, utilization management, prior approval authorization or contract monitoring activities which demonstrate compliance with the review dimension.</p>
B.13.2.14. Supported /Integrated Employment	Provide job development,	If an individual is receiving	The PIHP may have evidence from clinical

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<p>Services</p>	<p>initial and ongoing support services to assist beneficiaries to obtain and maintain paid employment that would otherwise be unachievable without such supports. Supports services are provided continuously as needed throughout the period of employment. Capacity to intervene to provide assistance to the individual and/or employer in episodic occurrences of need is included in this service. Supported/integrated employment must be provided in integrated work setting where the beneficiary works alongside people who do not have disabilities.</p> <p>Reference Medicaid Provider Manual, 17.3.M. Supported /Integrated Employment Services.</p>	<p>supported/integrated employment services, the reviewers will review the clinical record, and engage in interviews with staff members.</p>	<p>records, administrative documentation, utilization management, prior approval authorization or contract monitoring activities which demonstrate compliance with the review dimension.</p>
<p>B.13.2.15. Wraparound Services For Children</p>	<p>Wraparound Services for</p>	<p>The site review team will review the</p>	<p>The PIHP may have evidence from clinical</p>

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<p>And Adolescents</p>	<p>children and adolescents is a highly individualized planning process performed by specialized case managers who coordinate the planning for and delivery of wraparound services and incidental non-staff items that are medically necessary for the child beneficiary. The planning process identifies strengths, needs and strategies and outcomes.</p> <p>Reference Medicaid Provider Manual 17.3.N. Wraparound Services for Children and Adolescents.</p>	<p>beneficiary’s individual plan of service and the case manager’s progress notes to evaluate whether:</p> <ul style="list-style-type: none"> • The planning process identifies strengths, needs, strategies (staffed services and non-staff items) and outcomes • children served in wraparound meet criteria for receiving wrap-around services (two or more of the following: involved in multiple systems, at risk of out of home placement or in out of home placement, served through other mental health services with minimal improvement, risk factors exceed capacity for traditional community-based options, numerous providers are serving multiple children in a family and the outcomes are not being met) 	<p>records, administrative documentation, utilization management, prior approval authorization or contract monitoring activities which demonstrate compliance with the review dimension.</p>
<p>B.13.2.16. Fiscal Intermediary Services</p>	<p>Fiscal Intermediary Services is defined as services that assist the adult beneficiary, or a representative identified in the beneficiary’s individual plan of</p>	<p>The reviewers will look at the contract for fiscal intermediary services, the individual plan of service for the role of the fiscal intermediary in providing support to beneficiary, as well as ensure that fiscal intermediary services are not</p>	<p>The PIHP may have evidence from clinical records, administrative documentation, utilization management, prior approval authorization or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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	<p>services, to meet the beneficiary’s goals of community participation and integration, independence or productivity while controlling his individual budget and choosing staff who will provide the services and support identified in the IPOS and authorized by the PIHP. The intermediary helps the beneficiary manage and distribute funds contained in the individual budget.</p> <p>Reference Medicaid Provider Manual 17.3.O. Fiscal Intermediary Services.</p>	<p>performed by providers of other covered services to the beneficiary, or by the beneficiary's family members or guardians.</p>	
<p>B.13.3.1. Sub-Acute Detoxification</p>	<p>The PIHP may provide the services only when each of the following is true:</p> <ul style="list-style-type: none"> • Services meet medical necessity criteria for the beneficiary 	<p>If Sub-acute detoxification is provided to an individual, the clinical record must contain documentation that the admission is likely to directly assist the individual in the adoption and pursuit of a plan for further appropriate treatment and recovery.</p>	<p>The PIHP may have evidence from clinical records, administrative documentation, utilization management, prior approval authorization or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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	<p>(Refer to MDCH/PIHP contract, attachment P.3.2.1, Medical Necessity criteria);</p> <ul style="list-style-type: none"> • Services are based on individualized determination of need; • Services are cost effective; • Services do not preclude the provision of a necessary state plan service. • Services meet access standards contained in the Substance Abuse Service Section, Covered Services Subsection, including a level 		

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	<p>of care (LOC) determination based on an evaluation of the six assessment dimensions of the current ASAM Patient Placement Criteria.</p> <p>Reference, Medicaid Provider Manual, Section 18 Additional Substance Abuse Services (B3s) Sub-acute Detoxification services is medically supervised care for the purpose of managing the effects of withdrawal from alcohol and /or other drugs as part of a planned sequence of addiction treatment. This service must be staffed 24-hours-per day, seven days a week by a licensed physician or by the designated representative of a licensed physician. The program must be supervised by a licensed</p>		

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	<p>physician.</p> <p>The service is limited to stabilization of the medical effects of the withdrawal, and referral to necessary ongoing treatment and/or support services. This service, when clinically indicated, is an alternative to acute medical care provided by licensed health care professionals in a hospital setting.</p> <p>Reference Medicaid Provider Manual 18.1 Sub-acute Detoxification.</p>		
<p>B.13.3.2. Residential Treatment</p>	<p>The PIHP may provide the services only when each of the following is true:</p> <ul style="list-style-type: none"> • Services meet medical necessity criteria for the beneficiary (Refer to MDCH/PIHP contract, 	<p>Clinical record documentation should support that the effects of the individual's substance use disorder are so significant, and the resulting impairment so great, that outpatient and intensive outpatient treatments have not been effective or cannot be safely provided and that the individual is willing to participate in the treatment.</p>	<p>The PIHP may have evidence from clinical records, administrative documentation, utilization management, prior approval authorization or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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	<p>attachment P.3.2.1, Medical Necessity criteria);</p> <ul style="list-style-type: none"> • Services are based on individualized determination of need; • Services are cost effective; • Services do not preclude the provision of a necessary state plan service. • Services meet access standards contained in the Substance Abuse Service Section, Covered Services Subsection, including a level of care (LOC) determination based on an 		

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	<p>evaluation of the six assessment dimensions of the current ASAM Patient Placement Criteria.</p> <p>Reference, Medicaid Provider Manual, Section 18 Additional Substance Abuse Services (B3s) Residential treatment is defined as intensive therapeutic service which includes overnight stay and planned therapeutic, rehabilitative or didactic counseling to address cognitive and behavioral impairments for the purpose of enabling the beneficiary to participate and benefit from less intensive treatment.</p> <p>Reference Medicaid Provider Manual Section 18.2 Residential Treatment.</p>		

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<p><u>B.14. JAIL DIVERSION</u> <u>Adult Jail Diversion Policy Practice Guideline of February 2005 - Contract Attachment P.6.8.4.1.</u> <u>R 330.2810</u> <u>Michigan Mental Health Code, 1995, Act 290</u></p>			
<p>B.14. The PIHP is responsible for ensuring that each CMHSP within its provider network:</p>		<p>The site review team will examine the agency’s process and success in diverting persons with serious mental illness, serious emotional disturbance, or developmental disability who have committed misdemeanors and non-violent felonies to services as an alternative to being charged and incarcerated in a county or municipal jail.</p>	
<p>B.14.1. has an interagency agreement that describes the specific pathways of the pre-booking and post-booking jail diversion program with each law enforcement entity on their service area.</p> <p>AFP Section 2.9.3 & 2.9.4</p>		<p>The site review team will examine the interagency agreement to ensure that it identifies that individuals with mental health needs may be diverted from the criminal justice system at any point. At a minimum the agreement must include:</p> <ul style="list-style-type: none"> • Identification of the target population for jail diversion. • Identification of staff and their responsibilities. • Plan for continuous cross-training of mental health and criminal justice staff. (The review team’s expectation is 	<p>The PIHP may have evidence from administrative documentation or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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		<p>that there is at least annual training and the PIHP maintains documentation what shows the date of the training, who attends, as well as the training topic.)</p> <ul style="list-style-type: none"> • Specific pathways for the diversion process. (The pathways for the diversion process must include pre- and post booking as well as in-jail services.) • Description of specific responsibilities/services of the participating agencies at each point in the pathway. • Data collection and reporting requirements. (Reference B.14.6) • Process for regular communications including regularly scheduled meetings. (Reference B.14.4) • The team will also review evidence to support that each CMHSP within the PIHP has formal linkages in place with family courts and the juvenile justice system Collaborative working relationships can positively impact the successful diversion of 	

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		<p align="center">children.</p> <p>Sources of information include:</p> <ul style="list-style-type: none"> • The PIHP's Jail Diversion policy/procedure/guideline • Agreements with criminal justice system (courts, jail, law enforcement, prosecutors) • Identification of each enforcement entity in their service area. • Clinical files documentation which demonstrates that individuals meet eligibility requirements for jail diversion and in-jail services. 	
<p>B.14.2. has a post-booking jail diversion program in place that ensures jail detainees are screened for the presence of a serious mental illness, co-occurring substance disorder, or developmental disability within the first 24-48 hours of detention.</p>	<p>Providing for early identification of individuals with mental health treatment needs who meet the diversion criteria is done through the initial screening and evaluation that usually takes place in the arraignment court, at the jail, or in the community for individuals out on bond. It is important to have a process in place that assures that people</p>	<p>The site review team will validate that there are effective processes to:</p> <ul style="list-style-type: none"> • Assure that screening for mental illness is conducted in the first 24 to 48 hours of detention. • Evaluate jail detainee's eligibility for the jail diversion program. • Link eligible jail detainees to the array of community-based mental health and substance abuse services. <p>Sources of information include:</p>	<p>The PIHP may have evidence from administrative documentation or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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	with mental illness are screened in the first 24 to 48 hours of detention.	<ul style="list-style-type: none"> • Jail diversion agreements • Jail Diversion data • Documentation that supports that screening takes place within the first 24-48 hours of detention. • Documentation that demonstrates the outcome of jail diversion activities. • Policies and procedures, guidelines • Evidence of linking to services. • Evidence of on-site assessments for inmates receiving in-jail services. • The presence of standardized jail diversion and data collection tools across the PIHP. 	
<p>B.14.3. assigns specific staff to the pre-booking and post-booking program to serve as liaison between the mental health, substance abuse, and criminal justice systems.</p> <p>MDCH/CMHSP Managed Mental Health Supports and Services Amendment #1</p>		<p>The site review team will validate that:</p> <ul style="list-style-type: none"> • Specific staff member(s) are identified as liaisons to bridge the barriers between the mental health and criminal justice system. • Documentation supports recruitment efforts to obtain staff experienced in both mental health and criminal 	<p>The PIHP may have evidence from administrative documentation or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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		<p>justice systems.</p> <ul style="list-style-type: none"> • Documentation supports that case managers are provided effective training with specific criminal justice focus. (Review team may ask to review training records to ensure that jail diversion staff and other PIHP staff members are knowledgeable about the jail diversion program). <p>Sources of information will include:</p> <ul style="list-style-type: none"> • Jail Diversion agreements • Personnel records • Staff job descriptions • Training records (i.e., cultural competence, criminal justice system, mental health, etc.) • Documentation which shows evidence of liaison activities (i.e., working relationships with prosecutors, defense attorneys, courts, law enforcement and corrections officers, to produce a disposition outside the jail in lieu of prosecution or as a condition of a reduction in charges), and linking individuals to the array of community-based services 	

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		<p>they require.</p> <ul style="list-style-type: none"> • Examples of court diversions, including documentation of pre-release planning activities. • Evidence of pre & post booking activities. 	
<p>B.14.4. establishes regular meetings among the police/sheriffs, court personnel, prosecuting attorney, judges, and CMHSP representatives.</p>		<p>The site review team will establish that there are regular meeting among the key players (prosecutors, defense attorneys, judges and court personnel, law enforcement and corrections officers) to encourage coordination of services and the sharing of information.</p> <p>Sources of information will include:</p> <ul style="list-style-type: none"> • Jail Diversion agreements and policies. • PIHP activities that promote attendance of law enforcement and mental health personnel attendance at jail diversion program meetings, including: <ul style="list-style-type: none"> • Meeting schedules • Meeting agendas • Meeting minutes (inclusive of recommendations, identification of responsible party, follow-up from previous meeting, 	<p>The PIHP may have evidence from administrative documentation or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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		<p>implementation of accepted recommendations.)</p> <ul style="list-style-type: none"> • Sign in sheets that identify participants, their title, and meeting date • Any correspondence that demonstrates the PIHP's attempts to communicate with law enforcement personnel 	
<p>B.14.5. provides cross training for and actively promotes attendance of law enforcement and mental health personnel on the pre-booking and post-booking jail diversion program.</p>		<p>The site review team will examine information sources for evidence of actively promoting attendance at cross training for law enforcement and mental health personnel.</p> <p>Possible documentation sources include:</p> <ul style="list-style-type: none"> • Training dates • Training Announcements • Training curriculum (i.e., crisis intervention, mental illness symptoms, consultation between mental health and police) inclusive of title of training, goals and objectives • Minutes of session • Sign in sheets that identify participants, their title, and meeting date • Pre- and Post tests (though 	<p>The PIHP may have evidence from administrative documentation or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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		<p>not required this is one way for the PIHP to demonstrate that effective training is taking place)</p> <ul style="list-style-type: none"> • Evaluation of training (i.e., survey results from participants) • Recommendations for improvement 	
<p>B.14.6. maintains a management information system that can identify individuals brought or referred to the mental health agency as a result of a pre-booking or post-booking diversion.</p> <p>Medicaid Managed Specialty Supports and Services Contract, Section 6.5.1 & 6.5.2</p>		<p>The review team will examine jail diversion data to measure the PIHP’s accomplishments in the areas of pre- and post booking jail diversion activities. Data should be reflective of jail diversion activities and outcomes as indicated in the Jail Diversion Practice Guideline.</p> <p>The PIHP must provide MDCH with uniform data and information. The management information system must be HIPAA compliant and must identify individuals brought to the mental health agency as a result of a pre-booking or post-booking diversion. The PIHP’s data collection system must allow them to produce reports for discreet time periods that identify the overall numbers of individuals diverted, both pre- and post booking.</p>	<p>The PIHP may have evidence from administrative documentation or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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		<p>Reports should describe:</p> <ul style="list-style-type: none"> • Type of crime • The individual's diagnosis • Type and quantity of services provided while in diversion • Outcomes of their care • Unique consumer ID as assigned by the CMHSP • Date of diversion 	
<p><u>B.15. SUBSTANCE ABUSE ACCESS & TREATMENT</u> <u>(Medicaid Managed Specialty Supports and Services Contract, Statement of Work, Section 2 Supports and Services, Section 3 Access Assurance)</u></p>			
<p>B.15.1. The PIHP has adopted common policies and procedures concerning assessment and service provision for individuals with co-occurring mental health and substance use disorders. (AFP 3.8.4.)</p>	<p>There are advantages to having a system that is similar across service areas. The best practices and approaches that are successful can be honed and refined and shared to all entities. Common efforts make work efficient and enhance the economy of scale. Co-occurring disorders happen in urban and rural areas and services should be uniformly of high</p>	<p>The review team will review administrative policies and procedures to ensure that the PIHP has common policies for co-occurring mental health and substance use disorders and that the policies are implemented consistently throughout the PIHP.</p> <p>An absence of a policy will result in a score of 0. Separate mental health and substance abuse policies would also score 0.</p> <p>Further evidence of meeting the</p>	<p>The PIHP may have evidence from clinical records, administrative documentation, utilization management, prior approval authorization or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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	<p>quality and equally available.</p> <p>PIHPs should develop specific policy statements that will help the system to achieve co-occurring capability that applies throughout the service array of the agency and not simply focusing on a single or specialized Co-occurring disorder group or unit.</p>	<p>standard would be documentation that supports that staff at all the levels of the agency participated in the process of building the infrastructure needed to achieve co-occurring capacity.</p>	
<p>B.15.2. The PIHP is responsible for coordination with substance abuse treatment providers when appropriate.</p>		<p>The site review team will review consumer pre-screening records to assure that coordination with substance abuse treatment providers is documented and occurs when appropriate. Refer to the Medicaid Provider Manual Section 8.5. Eligibility Criteria.</p> <p>If the screening process identifies a substance disorder then the site review team will be looking at the documentation to ensure that an appropriate substance disorder referral was made. It is a clinical judgment by the PIHP screening staff member as to whether a substance disorder exists, but if substance use</p>	<p>The PIHP may have evidence from clinical records, administrative documentation, utilization management, prior approval authorization or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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		was a contributing factor to the individual's need for inpatient screening, then there is an expectation that a substance disorder treatment referral or services will be provided.	
B.15.3. The PIHP ensures that the required continuum of substance abuse rehabilitative services is available.		The review team will expect the PIHP to provide evidence that they contract or provide substance abuse access management system, outpatient, intensive outpatient, and methadone treatment services.	The PIHP may have evidence from clinical records, administrative documentation, utilization management, prior approval authorization or contract monitoring activities which demonstrate compliance with the review dimension.
B.15.4. The PIHP has sufficient capacity to meet demands for substance abuse services.		The review team will check for the presence of any waiting lists for any of the required services. The presence of a waiting list is clear evidence that a PIHP has insufficient capacity. Individual interviews may also confirm the presence or absence of sufficient service capacity.	The PIHP may have evidence from clinical records, administrative documentation, utilization management, prior approval authorization or contract monitoring activities which demonstrate compliance with the review dimension.
B.15.5. The PIHP meets the requirements to provide 24 hours a day, 7 day a week access to substance abuse screening assessment and referral services.	Substance abuse and possible relapse can happen any time of the day or night. Having a 24/7 system in place to address crisis intervention, screening, and referrals for substance abuse consumers are a basic necessity and an	<p>The review team will look for evidence that the PIHP has sufficient capacity to provide screening 24 hours per day, seven days per week. Evidence could include:</p> <ul style="list-style-type: none"> • Contracts with a provider to complete the after hours coverage • Administrative policies and procedures that address business hours and after 	The PIHP may have evidence from clinical records, administrative documentation, utilization management, prior approval authorization or contract monitoring activities which demonstrate compliance with the review dimension.

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	indicator of the quality of mental illness and substance abuse treatment.	hours access to screening, assessment and referral services.	
B.15.6. The PIHP has effective methods for assuring that substance abuse treatment is based on the development of an individualized treatment plan.	An individualized plan is required for individuals with a substance use disorder.	Supporting evidence will be sought in clinical record reviews. Common goals and objectives seen in multiple records in a program are an indicator that treatment has not been individualized.	The PIHP may have evidence from clinical records, administrative documentation, utilization management, prior approval authorization or contract monitoring activities which demonstrate compliance with the review dimension.
B.15.7. The PIHP has a process for ensuring that substance abuse treatment providers make clinical decisions consistent with the Medical Necessity Criteria for Medicaid Mental Health and Substance Abuse Services requirements as attached to the contract.		The review team will look for evidence that the PIHP has effective processes for ensuring that substance abuse treatment providers make clinical decisions consistent with the contract. Does the diagnosis for each individual include a substance use disorder? Does information in the assessment support such a diagnosis?	The PIHP may have evidence from clinical records, administrative documentation, utilization management, prior approval authorization or contract monitoring activities which demonstrate compliance with the review dimension.
<p>C.1. IMPLEMENTATION OF PERSON-CENTERED PLANNING</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P 3.4.1.1. Person-Centered Planning Practice Guideline</p> <p>MHC 712</p> <p>Chapter III, Provider Assurances & Provider Requirements</p>			

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<p>Attach. 4.7.1 Grievances and Appeals Technical Requirement.</p>			
<p>C1.1 The individual plan of service adequately identifies the individual’s chosen or preferred outcomes.</p>		<p>Case notes, plans and/or interviews demonstrate that the process focuses on the individual.</p> <p>Plans and case notes reflect what is unique about the person: this might include ethnicity, cultural interests, music, movie preferences, hobbies, personality traits, values and belief, use of free time</p> <p>If the person cannot fully express their defined outcomes, people who care and know the individual are involved in the process.</p>	
<p>C.1.2 Services and supports identified in the individual plan of service assist the individual in pursuing outcomes consistent with their preferences and goals.</p>		<p>Case notes and plan and IPOS show that consideration of all domains (food, shelter, clothing, health care, employment, education, legal, transportation and recreation (MCL 330.1712)) and that the service and/or natural supports identified will support efforts to achieve individual goals, provide for specified domains and maximize independence and create community connections.</p> <p>If an individual’s preferences and goals are not addressed in the</p>	

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		<p>individual plan of service then documentation supports why this is the case.</p> <p>Consider if people are supported throughout the process of making major lifestyle changes,</p>	
<p>C.1.3. Family driven and youth guided supports and services are provided for minor children.</p>		<p>Service delivery should concentrate on the child as a member of the family, with the wants and needs of the child and family integral to the plan developed. Parents and family members of minors shall participate in the person-centered planning process unless:</p> <ol style="list-style-type: none"> 1. The minor is 14 years of age or older and has requested services without the knowledge or consent of parents, guardian or person in loco parentis within the restrictions stated in the Mental Health Code: 2. Minor is emancipated; or 3. The inclusion of the parent(s) or significant family members would constitute a substantial risk of physical or emotional harm to the recipient or substantial 	

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		<p>disruption of the planning process as stated in the Mental Health Code. Justification of the exclusion of the parents shall be documented in the clinical record.</p> <p>Services shall be delivered in a family driven and youth guided approach, implementing comprehensive services that address the needs of minor and his/her family.</p> <p>Evidence of PIHP compliance could be found in:</p> <ul style="list-style-type: none"> • Assessments • Progress notes • Pre-planning documentation • Individual IPOS <p>Progress notes should address if the parents were actually present at the session or if consultations have taken place.</p> <p>The interventions or methodology portions of the IPOS are a more logical place to show evidence of family centered practice principles than a goal statement.</p> <p>The site review team will review the clinical record to verify that the IPOS</p>	

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		<p>focuses on the child and his/her family. The IPOS should identify child and family strengths and individual needs, determine appropriate interventions, and identify supports and resources.</p> <p>The family driven and youth guided IPOS and progress notes should include evidence that family members are involved in treatment. Examples might include parents attending parenting classes, and parents learning and using positive feedback for appropriate behaviors.</p>	
<p>C.1.4. Individuals are provided with ongoing opportunities to provide feedback on how they feel about services, supports and/or treatment they are receiving, and their progress towards attaining valued outcomes.</p>	<p>Individuals are provided with ongoing opportunities to provide feedback on the impact of their services, the support and/or treatment they are receiving, and their progress toward attaining valued outcomes.</p>	<p>The review team will look for documentation that demonstrates that individuals have been afforded opportunities to provide feedback on the services they receive and whether they are making progress towards achieving desired outcomes. Potential sources include:</p> <ul style="list-style-type: none"> • Satisfaction Surveys • Administrative interviews with consumers and family members • Consumer focus groups • Progress notes • Periodic reviews of the IPOS <p>Individual IPOS amendments can</p>	

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		show that an individual's feedback was acted upon and resulted in changes to the plan.	
C.1.5. The Person-Centered Planning Process is used to modify the individual plan of service in response to changes in the individual's preferences or needs.		<p>The review team will look for evidence that the IPOS is modified to address changes in the individual's needs.</p> <p>Case notes or plan documentation show that as needs or preferences change the plan is revised accordingly</p> <p>Interview feedback confirms that the person-centered planning process was used to review and revise the plan.</p>	
C.1.6. The person-centered planning process builds upon the individual's capacity to engage in activities that promote community life. MCL 330.1701(g)	<p>Community inclusion is the participation of an individual in everyday activities that are typical for people in our culture.</p> <p>Many people require supports to help build their skills. These individuals need support to learn skills that are</p>	<p>The review team will be looking for evidence that the IPOS addresses the individual's desires and needs for community inclusion. Sources of information would include:</p> <ul style="list-style-type: none"> • The IPOS • Individual interviews <p>Look for evidence (photo's, interviews, case notes, activity calendar, staffing patterns, objectives)</p>	

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	required for full community inclusion.	<p>that people are connected to their past, are participating in the recreational, ethnic and cultural life of the community, that people are supported to actively participate (not always being a spectator), people do things individually (not all group), and individuals have positive roles as community members.</p> <p>Do individuals have a variety of personal relationships?</p>	
C.1.7. Person-centered planning addressed natural supports.	The PIHP, in partnership with the person, is expected to develop, initiate, strengthen, and maintain community connections and friendships through the person-centered process.	<p>The review team will look for evidence that the person-centered planning process encourages strengthening and developing natural supports by inviting family, friends, and allies to participate in the planning meeting(s) to assist the individual with his/her dreams, goals and desires.</p> <p>The IPOS should identify if and how natural supports will be used to help the individual reach their desired outcomes.</p>	
C.1.8. Person-centered planning addressed health and safety.		Health and Safety needs should be identified and addressed in the planning process in partnership with the individual. The IPOS coordinates and integrates PIHP services with primary health care as	

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		<p>necessary/desired by the individual.</p> <p>Site review may look for such things as: Is their discussion about or opportunities for exercise, learning about good nutrition, understanding of health care issues, planning for doctor’s appointments.</p> <p>How is the individual’s health status monitored.</p>	
C.2. PLAN OF SERVICE AND DOCUMENTATION REQUIREMENTS			
<p>C.2.1. The individual plan of service identifies the roles and responsibilities of the individual, the supports coordinator or case manager, the allies, and providers in implementing the plan.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P 3.4.1.1. Person-Centered Planning Practice Guideline</p>		<p>Roles and responsibility for all individuals are clearly identified and documented in the plan.</p>	
<p>C.2.2. Specific services and supports to be provided, including the amount, scope, and duration of services, are identified in the plan of service.</p>		<p>The review team will look for evidence that the plan documents date(s) services or supports are to begin and specifies the scope and duration, intensity, frequency of face-to-face monitoring contacts and who will provide each authorized service or support. Documentation should</p>	

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		<p>support that the use of alternative services were discussed.</p> <p>The site review team will review PIHP policy, assessments, the individual plan of service and ACT team member’s progress notes to assure that ACT services and interventions meet the individual’s needs and are designed to promote the individual’s independence. Contacts should be of a sufficient frequency and quantity to ensure that the individual’s needs are being met.</p> <p><u>Personal Care Services</u></p> <p>The site review team will examine clinical records to verify the presence of current plans that describe the individual’s need for personal care services.</p> <p>Clinical record reviews will be conducted to determine if the individual plan of service addresses the personal care services to be provided and identifies the amount, scope and duration of personal care services.</p> <p><u>Intensive Crisis Stabilization Services</u></p> <p>The review team will review the</p>	

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		<p>individual plan of service to ensure that the plan identifies the services and activities designed to resolve the crisis and attain the individual’s goals. Goals and objectives should be derived from the statement of immediate need.</p> <p>For individuals who have mental illness and a co-occurring substance disorder the plan of service should address substance issues when they are a contributing factor in the crisis.</p> <p><u>Crisis Residential Services</u></p> <p>The review team will review the individual plan of service to ensure that the plan identifies the services and activities designed to resolve the crisis and attain the individual’s goals. Goals and objectives should be derived from the statement of immediate need.</p> <p>For individuals who have mental illness and a co-occurring substance disorder the plan of service should address substance issues when they are a contributing factor in the crisis.</p> <p><u>(b)(3) services</u></p> <p>The (b)(3) services to be provided</p>	

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		must be documented in the IPOS.	
C.2.3. The IPOS identifies available conflict resolution processes.	Conflict resolution mechanisms include all formal and informal mechanisms the PIHP has in place to assist the individuals with resolving any issues they have with the planning process, service providers and service delivery.	<p>The review team will look for evidence that the plan documents the multiple avenues (including formal and informal mechanisms) that can be utilized for problem solving assistance, i.e., case manager, customer services, recipient rights, if dissatisfaction or concerns arise regarding services or service provision. Evidence of compliance will be obtained from:</p> <ul style="list-style-type: none"> • Consumer interviews • Fair hearing notices that identify where individuals can obtain informal problem solving assistance, as well as the formal appeal mechanisms • Information on recipient rights 	
C.2.4. Services and treatment identified in the IPOS are provided as specified in the plan.		<p>The review team will look for evidence that services and treatment are being provided in accordance with the developed IPOS. Evidence may be found in:</p> <ul style="list-style-type: none"> • Progress Notes • Periodic reviews 	

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		<ul style="list-style-type: none"> • Consumers/family interviews DCW and all persons responsible to implement plan demonstrate they know the person and the plan 	
<p><u>C.3. IMPLEMENTATION OF ARRANGEMENTS THAT SUPPORT SELF-DETERMINATION</u> <u>Medicaid Managed Specialty Services and Supports Contract, Attachment 3.4.4 Self-Determination Practice Guideline (SD P&PG).</u> <u>Attachment _____ Choice Voucher System Technical Advisory</u> <u>Medicaid Provider Manual, Provider Assurances & Provider Requirements</u> <u>Attachment 4.7.1 Grievances and Appeals Technical Requirement.</u> <u>MDCH Administrative Hearings Policy and Procedures dated 9/1/99.</u> <u>Technical Requirements in 42CFR on Grievance and Appeals.</u></p>			
<p>C.3.1. Adults with developmental disabilities and serious mental illness have opportunities to pursue arrangements that support self-determination in order to control and direct their specialty mental health services and support arrangements.</p> <p>SD P&PG, Purpose § I, Policy § I.</p>		<p>The site review team will verify that the PIHP has a policy or practice guideline that delineates how arrangements that support self-determination will be implemented consistent with the Self-Determination Policy and Practice Guideline.</p>	
<p>C.3.2. Individuals receive information about self-determination and the manner in which it may be</p>		<p>The site review team will review the Self-Determination brochures and</p>	

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<p>accessed and applied is provided to each consumer.</p> <p>SD P&PG, Policy § I.C.</p>		<p>relevant pages of the Customer Services Handbook.</p> <p>During interviews with consumers and family members, individuals will be asked how they were informed about self-determination.</p> <ul style="list-style-type: none"> • Were individuals given informational brochures or informed of arrangements that support self-determination in other ways? <ul style="list-style-type: none"> - Do they understand the opportunities and benefits? - Do they understand their rights and responsibilities? - Do they understand the potential liabilities? 	
<p>C.3.3. The individual budget and the arrangements that support self-determination are included as part of the person-centered planning process.</p> <p>SD P&PG, Policy § II.A</p>		<p>The documentation of the person-centered planning process includes an individual budget and implementation of arrangements that support self-determination for individuals using those mechanisms.</p>	
<p>C.3.4. Each individual participating in arrangements that support self-determination has a Self-Determination Agreement that complies with the requirements.</p>		<p>The review team will look at the prototype Self-Determination Agreement (and a sample of actual agreements) to see if they include the following:</p>	

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SD P&PG, Policy § II.E		<ul style="list-style-type: none"> • Authority over their direction of the mental health funds in the individual budget are delegated to the Individual to be used consistent with statutory and regulatory requirements. • The limitations associated with this delegation are be delineated. • The responsibility and the authority of both the Individual and the PIHP in the application of the individual budget. • How communication will occur about use of individual budget. • The directions and assistance necessary for the individual to properly apply the individual budget. • The framework for when a consumer makes adjustments in the application of funds in an individual budget. • A copy of the individual’s plan and individual budget is attached to the Self-Determination Agreement. 	
C.3.5. Each PIHP has a contract with at least one		The Fiscal Intermediary Agreement between the PIHP and the Fiscal	

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<p>fiscal intermediary. SD P&PG, Policy § IV.B</p>		<p>Intermediary.</p>	
<p>C.3.6. Each PIHP has procedures in place for assuring that fiscal intermediaries meet the minimum requirements. SD P&PG, Policy § IV.B, C, D &E; Medicaid Provider Manual, MH/SA, § 17.3.O.</p>		<p>PIHP procedures for selecting and monitoring fiscal intermediaries.</p>	
<p>C.3.7. Individuals participating in self-determination shall have assistance to select, employ, and direct his/her support personnel, and to select and retain chosen qualified provider entities. SD P&PG, Policy § IV.</p>		<p>The site review team will review written materials and other evidence of support for directly hiring workers (training). During interviews with consumers and family members individuals will be asked if they were provided support for directly hiring their own workers.</p>	
<p>C.3.8. Each PIHP, or its designee, has a process for handling both voluntary and involuntary termination of a Self-Determination Agreements that meets the requirements of the Self-Determination Policy and Practice Guideline. SD P&PG, Policy § II.5.</p>		<p>PIHP processes for handling both voluntary and involuntary termination of a Self-Determination Agreement ensure that:</p> <ul style="list-style-type: none"> • Notices of involuntary terminations are in writing and an opportunity for problem resolution is provided (typically through the person-centered planning process). 	

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		<ul style="list-style-type: none"> • Continuity of service is ensured in both voluntary and involuntary terminations. • In any instance of PIHP discontinuation or alteration, the individual must be provided an explanation of applicable appeal, grievance and dispute resolution processes and (where required) appropriate notice. 	
<p>C.3.9. Within prudent purchaser constraints, an individual is able to access any willing and qualified provider.</p> <p>SD P&PG, Policy § III.A.</p>		<p>During interviews with consumers and family members, individuals will be asked how they were informed that they could choose any willing and qualified provider.</p>	

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<p><u>D. ADMINISTRATIVE SERVICE FUNCTIONS</u> <u>1. PROVIDER NETWORKS</u> <u>(Medicaid Managed Specialty Supports and Services contract, Section 6.4; AFP Section 3.8, 4.0)</u></p>	<p>The PIHP is responsible for maintaining and continually evaluating an effective provider network adequate to fulfill the obligations of the MDCH contract.</p> <p>Regulatory management is a pro-active, preventive approach to identifying, monitoring, and controlling risks associated with complex duties, obligations, rules, regulations and requirements (inclusive of applicable federal and state laws, guidelines).</p> <p>It is the expectation that the PIHP have effective provider monitoring activities to assure provider compliance with applicable requirements.</p>		
<p>D.1.1. The PIHP has policies and procedures for managing their provider network.</p> <p>Medicaid Managed Specialty Supports and Services contract, Section 6.4;</p> <p>AFP Sections 3.8, 4.0</p>	<p>The PIHP must have established uniform processes and practices for ensuring regulatory compliance.</p>	<p>The review team will seek evidence of a PIHP process for of continual re-evaluation of their provider network.</p> <p>The site review team will review PIHP provider contracts to ensure that the contracts:</p>	<p>The PIHP may have evidence from clinical records, administrative documentation, utilization management or contract monitoring activities which demonstrate compliance with the review dimension. Possibly identify the specific policies and procedures that should be common to the</p>

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<p>42 CFR 438.214.</p>		<ul style="list-style-type: none"> • Specify in measurable terms, the obligations of the parties • Identify the term of the contract • Mandate the adoption of common policies, procedures, and forms • Require individual practitioners and organizational providers to be credentialed according to the Department’s Credentialing Process • Address timely access to services • Address that its providers are available 24/7 when the services are of a type that require 24 hour availability • Address grievance and complaint mechanism and appeal systems to resolve disputes. <p>During reviews of clinical records, the review team will look for evidence that providers/affiliates consistently comply with PIHP requirements, including:</p> <ul style="list-style-type: none"> • The process to assure providers compliance with the requirement associated 	<p>PIHP.</p>

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		<p>with limited English proficiency, cultural competence, and accommodation of physical and communication limitations.</p> <ul style="list-style-type: none"> The process for making oral interpretation services available free of charge to each potential beneficiary. This applies to all non-English languages not just those that the State identifies as prevalent. 	
<p>D.1.2. The PIHP has adopted common policies for use throughout the service area.</p> <p>Medicaid Managed Specialty Supports and Services contract, Section 6.4;</p> <p>AFP Sections 3.8, 4.0</p> <p>42 CFR 438.214.</p>		<p>The site review team will verify that the PIHP has adopted common policies for use throughout their service area.</p>	<p>The PIHP may have evidence from administrative documentation or contract monitoring activities which demonstrate compliance with the review dimension.</p>
<p>D.1.3. The PIHP has policy and business procedures to assure regular monitoring and reporting on each network provider.</p> <p>42 CFR 438.230(b)(4)</p> <p>42 CFR 438.810</p>		<p>The site review team will verify that the PIHP has process to monitor its provider network for compliance to the established policies and procedures.</p>	<p>The PIHP may have a monitoring policy, a review schedule and audit tool and/or delegated function materials, including contract language, which demonstrate how the monitoring will be completed.</p>

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<p>Medicaid Managed Specialty Supports and Services contract, Section 6.4;</p> <p>AFP Sections 2.5, 3.8, 3.1.8</p>			
<p>D.1.4. The PIHP has documentation that supports that on-site reviews of each provider are completed annually or more often if needed.</p> <p>Medicaid Managed Specialty Supports and Services contract, Section 6.4;</p> <p>AFP Section 3.8, Regulatory Oversight and Management</p>		<p>The review team will look for evidence that formal provider monitoring is taking place on at least an annual basis, and that the PIHP takes the necessary action to ensure that identified problems with a given provider are corrected in a timely manner.</p> <p>Evidence of monitoring could include:</p> <ul style="list-style-type: none"> • Performance monitoring schedules • Performance monitoring reports • Corrective action plans submitted by contractual providers in response to PIHP monitoring activities • PIHP review of contractual provider's accreditation reports and corrective action plans • Quality activities • Documentation of actions taken to improve contractual provider's compliance with 	<p>The PIHP may have evidence from administrative documentation or contract monitoring activities which demonstrate compliance with the review dimensions.</p> <p>Evidence of monitoring could include:</p> <ul style="list-style-type: none"> • Performance monitoring schedules • Performance monitoring reports • Corrective action plans submitted by contractual providers in response to PIHP monitoring activities • PIHP review of contractual provider's accreditation reports and corrective action plans • Quality activities • Meeting minutes • Documentation of actions taken to improve contractual provider's compliance with operational standards and requirements • Any history of sanctions imposed by the PIHP on its provider network for failure to meet operational requirements • Activities conducted in response to quarterly performance indicator data

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		operational standards and requirements	
<p>D.1.4. Provider performance reports are available for review by individuals, families, advocates, and the public.</p> <p>Attachment P6.8.2.3 Consumerism Practice Guideline</p>		<p>The site review team will verify that the PIHP has:</p> <ul style="list-style-type: none"> • A process to provide people with access to performance monitoring reports • Evidence of the implementation of the process to provide information to individuals, families, advocates and the public <p>Sources of this information could include:</p> <ul style="list-style-type: none"> • Administrative policies and procedures • PIHP newsletters • PIHP annual reports • Interviews with individuals and stakeholder groups • Website information 	<p>The PIHP may have evidence from administrative documentation or contract monitoring activities which demonstrate compliance with the review dimensions.</p> <p>Sources of this information could include:</p> <ul style="list-style-type: none"> • Administrative policies and procedures • PIHP newsletters • PIHP annual reports • Interviews with individuals and stakeholder groups • Website information • Advisory Council meeting minutes may show that reports were shared
<p>D.1.5. The PIHP takes action to address provider compliance or performance problems.</p> <p>42 CFR 438.230(b)(4) corrective action</p> <p>42 CFR 438.240(a)(1) on-going quality</p>	<p>The PIHP must have a process to address provider compliance or performance problems. The agreement should contain evidence to support effective application of remedies</p>	<p>The review team will look for evidence that the PIHP takes the necessary action to ensure that identified problems with a given provider are corrected in a timely manner.</p> <p>The site review team will evaluate</p>	<p>The PIHP may have a monitoring policy, a review schedule and audit tool and/or delegated function materials, and/or contract management materials that show follow-up and monitoring.</p>

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<p>Medicaid Managed Specialty Supports and Services contract, Section 6.4;</p> <p>AFP Section 3.8</p>	<p>for non-compliance or performance problems inclusive of sanctions.</p>	<p>evidence that may be included any corrective action plans or sanctions imposed on providers.</p>	
<p><u>D. ADMINISTRATIVE FUNCTIONS</u></p> <p><u>2. QUALITY IMPROVEMENT</u></p> <p><u>(Medicaid Managed Specialty Supports and Services contract, Section 6.7; AFP Section 3.9; Medicaid Provider Manual, Mental Health/Substance Abuse, Section 3.3)</u></p>			
<p>D.2.1. The PIHP has a process for ensuring that sentinel events are properly reviewed and followed up.</p> <p>(MA contract, Amendment # 3, P6.5.1.1, Final 10-1-05 amendment)</p>		<p>The review team will look for evidence that the PIHP has fully developed and implemented policies addressing consumer deaths and sentinel events. Sources of information will include:</p> <ul style="list-style-type: none"> • Administrative policies • Administrative staff interview • Clinical staff interview • Sentinel event data and the root cause analysis process. 	<p>The PIHP may have evidence from administrative documentation or contract monitoring activities which demonstrate compliance with the review dimension. Could also possibly identify the specific policies and procedures that should be common to the PIHP. Information from staff member interviews could also help demonstrate compliance.</p>
<p>D.2.2. The PIHP has a process for ensuring that other non-sentinel event incidents are properly reported and followed up.</p> <p>(Medicaid Managed Specialty Services and Supports Contract, Part Two: Statement of Work, Section 6.1.1., and Attachment P 6.5.1.1</p>		<p>The review team will look for evidence that the PIHP has fully developed and implemented policies addressing consumer deaths and sentinel events. Sources of information will include:</p> <ul style="list-style-type: none"> • Administrative policies 	<p>The PIHP may have evidence from administrative documentation or contract monitoring activities which demonstrate compliance with the review dimension. Could also possibly identify the specific policies and procedures that should be common to the PIHP. Information from staff member interviews could also help</p>

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Reporting Requirements)		<ul style="list-style-type: none"> • Administrative staff interview • Clinical staff interview Sentinel event data and the root cause analysis process.	demonstrate compliance.
<p><u>D. ADMINISTRATIVE FUNCTIONS</u></p> <p><u>3. HEALTH & SAFETY</u></p> <p><u>(Medicaid Managed Specialty Services and Supports Contract, Attachment P 3.4.1.1; 4c CFR 438.208)</u></p> <p><u>Administrative rule Section 3(9) of Act 218 P.A. 1979, as amended</u></p>	<p><u>It is essential that the PIHP has clearly defined processes to address consumer health and safety. The health of all consumers should be reviewed periodically. The intent is to assist consumers in screening for health and safety issues that need further assessment, treatment and or accommodation.</u></p> <p><u>The information obtained may also help in providing continuity of care; assisting the consumer in maintaining the highest level of physical health possible; insuring the consumer's safety and well being; and coordination of medical services.</u></p>		
<p>D.3.1. The PIHP has organizational processes for addressing health and safety issues.</p> <p>Administrative Rule R 330.2802</p> <p>Person-centered Planning Best Practice</p>	<p>In order to coordinate the appropriate delivery of health care services to enrollees who are eligible for Medicaid, clarity regarding the respective</p>	<p>The site review team will examine the PIHP's organizational process for identifying and addressing health care issues. Sources of information and evidence of compliance may be found</p>	

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<p>Guideline Attachment 3.4.1.1. to the MDCH Contract</p> <p>AFP Section 2.7</p>	<p>agency responsibilities is necessary. Referral procedures and effective means of communication must be developed and implemented within the PIHP and with the enrollees' healthcare providers.</p> <p>Consumer safety should be assessed and identified across multiple domains (home, workplace, school, community) in order to determine if there is a need for a recommendation or referral. All recommendations should be documented as part of the planning process.</p>	<p>in:</p> <ul style="list-style-type: none"> • PIHP administrative policies and procedures • Clinical records • Staff/administrative interviews • Prevention programs <p>Findings for this site review dimension should relate to the PIHP's organizational processes for ensuring that health and safety needs are identified and addressed, while system level findings related to the failure to identify and subsequently address a given individual's health and safety needs would be noted in the person-centered planning section of the site review protocols.</p>	
<p>D.3.2. Organizational process for monitoring medications.</p> <p>R 330.1719</p> <p>R 330.2813</p> <p>R 330.7158</p>	<p>To maintain safe use of psychotropic medications the agency should have uniform guidelines and policies and procedures for consumer psychotropic medications, i.e., policy for monitoring laboratory</p>	<p>The site review team will examine/conduct the following sources for evidence of compliance:</p> <ul style="list-style-type: none"> • Written policies and procedures for example, laboratory studies, AIMS, storage, preparation, dispensation and administration consent forms, 	

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	<p>values of individuals receiving chemotherapy. It would be expected that baseline laboratory testing would be preformed on clients prior to initiating chemotherapy and periodically thereafter. All test results should be reviewed and initialed by a medical health care professional (i.e., MD, RN, PA). A copy of the test(s) should be maintained in the client's record).</p> <p>For individuals receiving certain psychotropic medications the psychiatrist should evaluate the consumer to assess for Tardive Dyskinesia utilizing a scale such as AIMS. Results of the assessment should be documented in the clinical record using the AIMS form and/or in clinical medication review notes.</p>	<p>prescriptions, verbal orders, controlled substances, and medication errors</p> <ul style="list-style-type: none"> • Clinical records • Medication consents • Medication reviews • Health screenings (reviewed by a medical health care professional when appropriate) • Consumer interviews • Staff/administrative interviews • Staff training records (i.e., 5 R's) • Evaluations of staff competence • Quality activities • Review team member observations during program site visits • Coordination of care with the primary care physician, i.e., medication reviews 	

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	<p>Informed medication consents must be obtained prior to medication administration by a healthcare professional.</p> <p>Note: Consents must be signed, witnessed and dated. An informed consent must contain three elements: competency, knowledge, and given voluntarily. There should be an instruction that an individual is free to withdraw their consent, verbally or in writing, and discontinue the medication at any time without prejudice to the consumer</p>		
<p><u>D. Administrative Functions</u> <u>4. ACCESS STANDARDS</u> <u>Medicaid Managed Specialty Services and Supports Contract, Attachment P 3.3.1.1</u></p>			
<p>D.4.1. The Organization’s Access System is available to all Michigan residents and is not restricted to individuals who live in a particular geographic region.</p>	<p>The standards apply to all PIHPs and CMHSPs whether the Access System functions are</p>	<p>The site review team will examine the following sources for evidence of compliance:</p> <ul style="list-style-type: none"> • The Access System’s 	<p>The PIHP may have evidence from Access screenings, administrative documentation detailing access inquiries and origins of calls, mystery shopper programs or contract</p>

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<p>Contract, Attachment P 3.3.1.1, Standard I.a.</p>	<p>directly provided by the PIHP or CMHSP, or are delegated in whole or in part to a subcontract provider. Access System services must be available to all State of Michigan residents.</p>	<p>operating policies and processes clearly specify that all Michigan residents are assisted when they contact the Access System for assistance.</p> <ul style="list-style-type: none"> • Access System documentation demonstrates that they comply with operating policies to assist all residents of Michigan without regard to where they live within the State. • Access System staff training curriculum clearly trains Access System staff members on their responsibility to assist all Michigan residents. 	<p>monitoring activities which demonstrate compliance with the review dimension. Specific PIHP policies and procedures may also demonstrate the PIHP’s instructions to Access Center staff that all individuals are to be assisted regardless of where they live.</p>
<p>D.4.2. Access System Services staff members are welcoming, accepting, and helping with all applicants for services, including individuals with co-occurring mental health and substance use disorders.</p> <p>Contract, Attachment P 3.3.1.1, Standard I.a.</p>		<ul style="list-style-type: none"> • Access System documentation demonstrates that they have effectively welcomed, accepted, and helped service applicants. • Interviews with individuals who have had contact with Access System staff members confirm that those staff members have demonstrated a welcoming attitude and have helped applicants with their service requests. 	<p>The PIHP may have evidence from mystery shopper data, satisfaction data relative to Access, ombudsman activities, Access screenings, administrative documentation detailing access inquiries and origins of calls, or contract monitoring activities which demonstrate compliance with the review dimension. Specific PIHP policies and procedures may also demonstrate the PIHP’s instructions to Access Center staff that all individuals are to be assisted regardless of where they live.</p>

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<p>D.4.3. Access centers/units in the service area routinely screen and assess for co-occurring disorders. (AFP 3.8.4.)</p>	<p>Access centers and units must screen and/or assess individuals for co-occurring disorders because of the high likelihood that individuals have both a mental illness and substance use disorder. Identifying the presence of a co-occurring disorder earlier and providing treatment can facilitate recovery.</p>	<p>The review team will look for documentation that supports that the PIHP’s screening and/or access centers routinely screen and assess for co-occurring disorders.</p> <p>Supporting evidence could include:</p> <ul style="list-style-type: none"> • Identified process, including appropriate tools, to screen for the presence and types of substance disorders. • Assessment processes that demonstrate a high expectation that a co-occurring condition may be present and clearly identifies and describes the beneficiaries strengths, goals, objectives, substance use, abuse and dependence disorder, periods of abstinence, etc • Assessment and screening decision trees that demonstrate that the presence of co-occurring disorders is routinely screened and assessed. • PIHP administrative policies and processes demonstrate their efforts at providing integrated co-occurring 	<p>The PIHP may have evidence from Access screenings, administrative documentation, or contract monitoring activities which demonstrate compliance with the review dimension. UM inquiries back to clinician.</p>

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		<p>mental health and substance abuse treatment across their service delivery system</p> <ul style="list-style-type: none"> • Any documentation that demonstrates that individuals with a co-occurring mental health and substance use disorder are connected to integrated substance abuse and mental health services. <p>The site review team will remain sensitive to the fact that PIHPs are in different stages of implementing co-occurring mental health and substance disorders screening and treatment services and that the Department has allowed the CAs until October 2009 to implement integrated treatment.</p>	
<p>D.4.4. The PIHP has formal procedures in place to assure that individuals with a co-occurring mental health and substance use disorder are not inappropriately denied access during screening or initial assessment.</p> <p>(AFP 3.1.3.)</p>		<p>Evidence of compliance would include:</p> <ul style="list-style-type: none"> • Demonstration that the PIHP does not have any formal or informal policies or procedures that restrict access to people who are actively using alcohol or other drugs. <p>Sources of information would include:</p> <ul style="list-style-type: none"> • PIHP's access procedure 	<p>The PIHP may have evidence from Access screenings, administrative documentation, or contract monitoring activities which demonstrate compliance with the review dimension. UM inquiries back to clinician.</p>

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		<ul style="list-style-type: none"> • anecdotal information from individuals receiving substance abuse treatment about denials of eligibility for mental health treatment. 	
<p>D.4.5. The Access System is available 24 hours a day, seven days per week.</p> <p>Contract, Attachment P 3.3.1.1, Standard I.b.</p>	<p>Available also includes ensuring access for hearing impaired individuals and those with Limited English Proficiency.</p>	<ul style="list-style-type: none"> • Customer Services Handbooks confirm 24 hour/7 day a week availability of Access System assistance. • Access System records demonstrate 24/7 availability, including in-person and by telephone access for hearing impaired individuals. 	<p>The PIHP may have evidence from Access screenings, mystery shopping programs, administrative documentation, or contract monitoring activities which demonstrate compliance with the review dimension.</p>
<p>D.4.6. The Access System’s telephone response system is answered by a live voice and demonstrates a welcoming atmosphere.</p> <p>Contract, Attachment P 3.3.1.1, Standard I.b.i.</p>	<p>Access System callers do not experience a “telephone tree” and are not put on hold or sent to a voice mail system until they have spoken with a live representative from the Access System.</p>	<ul style="list-style-type: none"> • The Access System’s process for fielding telephone inquiries does not include routing callers through an electronic telephone tree system. • Interviews with individuals who have had contact with the Access System confirm that their call was answered by a live human being, and that they had adequate opportunity to express their situation and circumstances before a decision regarding the exigency of their situation was made by an Access 	<p>The PIHP may have evidence from Access satisfaction surveys, policies and procedures, mystery shopping programs, administrative documentation, or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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		<p>System staff member.</p> <ul style="list-style-type: none"> The DCH site review team will also assess compliance with this access standard by calling the access center one week prior to or one week after an on-site review to see if a live voice answers 	
<p>D.4.7. Access System crisis/emergent telephone calls are immediately transferred to a qualified practitioner without requiring an individual to call back.</p> <p>Contract, Attachment P 3.3.1.1, Standard I.b.ii.</p>		<p>PIHP’s telephone access process and consumer interviews demonstrate that crisis/emergent telephone calls are immediately transferred to a qualified practitioner.</p>	<p>The PIHP may have evidence from Access system reports, Access system satisfaction surveys, Access screenings, administrative documentation, or contract monitoring activities which demonstrate compliance with the review dimension.</p>
<p>D.4.8. Responses to non-emergent calls are completed in a timely manner.</p> <p>Contract, Attachment P 3.3.1.1, Standard I.b.iii-iv.</p>		<ul style="list-style-type: none"> Access System records demonstrate that individuals with non-emergent calls are not kept on hold more than three minutes without being offered a call back and that any subsequent call back occurs within one business day of the initial contact. Interviews with consumers who have had contact with the Access system confirm that their non-emergent requests have been responded to consistent with applicable time frames. 	<p>The PIHP may have evidence from Access screenings, administrative documentation, mystery shopping or contract monitoring activities which demonstrate compliance with the review dimension.</p>
<p>D.4.9. Individuals who walk in to an Access</p>		<ul style="list-style-type: none"> Access System 	<p>The PIHP may have evidence from Access screenings, administrative documentation,</p>

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<p>System are provided a timely and effective response to their requests for assistance.</p> <p>Contract, Attachment P 3.3.1.1, Standard I.c.</p>		<p>documentation demonstrates that individuals who walk in with urgent or emergent needs experience immediate initiation of interventions.</p> <ul style="list-style-type: none"> • Access System documentation demonstrates that screening commences within 30 minutes or other arrangements are made. 	<p>mystery shopping or contract monitoring activities which demonstrate compliance with the review dimension.</p>
<p>D.4.10. The Access System has the capacity to accommodate individuals who have special access needs.</p> <p>Contract, Attachment P 3.3.1.1, Standard I.d.</p>		<p>Access System records demonstrate they can meet the needs of individuals who present with:</p> <ul style="list-style-type: none"> • LEP or other linguistic needs • Diverse cultural and demographic backgrounds • Visual impairments • Alternative needs for communication • Mobility challenges 	<p>The PIHP may have evidence from Access screenings, administrative documentation, contract monitoring activities, mystery shopping, interpreter contracts and invoices, staff credentials that demonstrate ability to meet special access needs, i.e., translations. which demonstrate compliance with the review dimension.</p>
<p>D.4.11. Access system services do not require prior authorization and are to be provided without charge to the individual being served.</p> <p>Contract, Attachment P 3.3.1.1, Standard I.e.</p>		<p>Access System records show:</p> <ul style="list-style-type: none"> • Individuals are assisted without requiring pre-authorization or financial contribution from the individual being served. • Financial considerations, including County of Financial Responsibility, are only addressed as a secondary administrative 	<p>The PIHP may have evidence from administrative documentation, or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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		<p>concern after the person’s urgent or emergent needs are addressed.</p>	
<p>D.4.12. Access System staff members provide applicants with a summary of their recipient rights, including their rights to a person-centered planning process.</p> <p>Contract, Attachment P 3.3.1.1, Standard I.f.</p>	<p>Individuals must be fully informed about person-centered planning processes, including their rights, in order for them to be aware of the choices they are able to make throughout the planning and services delivery process.</p> <p>The parent of a minor child should be notified of appeal rights.</p>	<ul style="list-style-type: none"> • Access System operational policies and procedures require distribution of a summary of their person-centered planning and recipient rights. • Interviews with individuals who have had contact with the Access System confirm that they were: <ul style="list-style-type: none"> ○ Provided summaries of their recipient rights. ○ Given access to the pre-planning process as soon as the screening and coverage determination processes were completed. <p>The review team will review person-centered planning brochures and how they are distributed to individuals.</p> <p>During interviews with consumers and family members individuals will</p>	<p>The PIHP may have evidence from Access screenings, administrative documentation, or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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		<p>be asked how they were informed about person-centered planning processes.</p> <ul style="list-style-type: none"> • Were individuals given informational brochures or informed of person-centered planning in other ways? • Do people confirm that they were able to invite whom they wanted to attend the meeting? • Do people understand that they can request that a person-centered planning meeting be convened whenever they want, and that they are not restricted to a once a year event? • Do they understand that they have the right to independent facilitation? 	
<p>D.4.13. The PIHP provides notice of rights to a second opinion in the case of denials.</p>		<p>The site review team will review consumer pre-screening records to verify documentation that the PIHP provides notice of rights to a second opinion in the case of denials.</p> <p>The site review team will be looking for documentation that supports that the individual was given notice of their rights to a second opinion when they were denied requested inpatient</p>	<p>The PIHP may have evidence from Access screenings, administrative documentation, electronic medical record summaries, or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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		<p>admission. If a denial is done over the telephone, the review team will be looking for documentation that shows the individual was mailed a copy of their right to second opinion. The review team’s default assumption will be that inpatient pre-admission screening activity is being completed in response to a request for inpatient psychiatric admission, unless documentation supports that the individual was being assessed for another reason.</p>	
<p>D.4.14. The PIHP provides or refers and links individuals who are denied inpatient psychiatric hospitalization services to alternative services.</p>		<p>The site review team will review consumer pre-screening records to assure that the PIHP provides or refers and links to alternative services, when individuals have been assessed as not meeting the criteria for inpatient psychiatric hospitalization admission. The site review team will verify that referral appointments include the date, time, program, service and contact person.</p> <p>General referrals by themselves are not sufficient. The site review team will be looking to see if linking is taking place according to the customer services standards in place for PIHPs.</p>	<p>The PIHP may have evidence from Access screenings, administrative documentation, electronic medical record summaries, or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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<p>D.4.15. The Access System shall inquire as to the existence of any established medical or psychiatric advanced directives relevant to the provision of services.</p> <p>Contract, Attachment P 3.3.1.1, Standard II.c.</p>		<ul style="list-style-type: none"> • Access System operational policies and procedures require Access System staff to ask consumers if they have any established medical or psychiatric advanced directives. • Interviews with individuals who have had contact with the Access System confirm that they were asked if they had an established medical or psychiatric advanced directive. 	<p>The PIHP may have evidence from Access screening screenings, administrative documentation, electronic medical record summaries, or contract monitoring activities which demonstrate compliance with the review dimension.</p>
<p>D.4.16. Clinical Screening for eligibility results in a written (hard copy or electronic) screening decision which addresses each of the required elements.</p> <p>Contract, Attachment P 3.3.1.1, Standard III.e.</p>		<p>Written clinical screening includes:</p> <ul style="list-style-type: none"> • Identification of presenting problems and the need for services and supports. • Initial identification of the population group (DD, MI, SED, or SUD) that qualifies the person for public mental health and substance use disorders and supports. • Legal eligibility and priority criteria. • Documentation of any emergent or urgent needs and how they were immediately linked for crisis service. • Identification of screening 	<p>The PIHP may have evidence from Access screenings, administrative documentation, electronic medical record summaries, or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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		<p>disposition.</p> <ul style="list-style-type: none"> • Rationale for system admission or denial. 	
<p>D.4.17. The PIHP has a regular and consistent outreach effort to commonly unserved and underserved populations which ensures that outreach occurs regardless of the presence of a co-occurring disorder.</p> <p>Contract, Attachment P 3.3.1.1, Standard VIII.b.ii.</p>		<p>The PIHP maintains documentation of outreach efforts designed to reach the following populations:</p> <ul style="list-style-type: none"> • Children and Families • Older Adults • Homeless Persons • Members of ethnic, racial, linguistic and culturally-diverse groups • Persons with Dementia • Pregnant Women <p>Evidence of compliance could include:</p> <ul style="list-style-type: none"> • Brochures, TV, radio and billboards that address outreach for individuals with co-occurring mental health and substance use disorders • Documentation of outreach efforts to people in co-occurring high risk groups • Documentation of outreach to programs and sites where individuals with co-occurring treatment needs gather together 	<p>The PIHP may have evidence from administrative documentation (customer services, marketing, meetings with communities, alternative access sites, PSA, etc.) or contract monitoring activities which demonstrate compliance with the review dimension.</p>

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		<ul style="list-style-type: none"> • Documentation of outreach efforts to self-help groups such as DRA, Double Trouble, AA or NA 	
<p>D.4.18. The PIHP’s medical director is involved in the review and oversight of Access System policies and clinical practices.</p> <p>Contract, Attachment P 3.3.1.1, Standard VIII.c.i.</p>		<ul style="list-style-type: none"> • Documentation which demonstrates that the PIHP medical director has reviewed Access System administrative policies and processes. • Documentation which demonstrates that the PIHP’s medical director has reviewed and provides oversight to Access System clinical practices. 	<p>Documentation which demonstrates that the PIHP medical director has reviewed Access System administrative policies and processes.</p> <p>Documentation which demonstrates that the PIHP’s medical director has reviewed and provides oversight to Access System clinical practices.</p> <p>Involvement in second opinions, staff meeting minutes, participation on various committees, etc.</p>
<p>D.4.19. The PIHP shall monitor Access Center performance and implement quality improvement measures in response to performance issues.</p> <p>Contract, Attachment P 3.3.1.1, Standard VIII.c.iv.</p>		<ul style="list-style-type: none"> • Evidence which supports that the PIHP has monitored telephone answering rates, call abandonment rates, and timeliness of appointments and referrals. • Evidence that the PIHP has implemented quality improvement activities to improve Access System performance for any areas where Access System performance fall below required levels. 	<p>Evidence which supports that the PIHP has monitored telephone answering rates, call abandonment rates, and timeliness of appointments and referrals.</p> <p>Evidence that the PIHP has implemented quality improvement activities to improve Access System performance for any areas where Access System performance fall below required levels.</p> <p>QAPIP activities that demonstrate review of access related measurements and requirements.</p>

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<p><u>D. ADMINISTRATIVE FUNCTIONS</u> <u>5. BEHAVIOR TREATMENT PLANS AND REVIEW COMMITTEES</u> <u>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</u></p>			
<p>D.5.1. The PIHP has a Committee to review and approve or disapprove any plans that propose to use restrictive or intrusive interventions. Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>		<p>If the PIHP delegates the functions of the Committee to a contracted mental health service provider, the PIHP must monitor that Committee to assure compliance with the Technical Requirement.</p>	<p>PIHPs could show committee membership, meeting attendance, policies governing committee activities, contract language for contracted functions. Documentation of activities related to monitoring the contracted function.</p>
<p>D.5.2. The composition of the Committee complies with the Technical Requirement. Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>		<p>The Committee must have at least three individuals. At least one of the Committee members is a licensed physician/psychiatrist. One of the Committee members must be a licensed psychologist. A representative of the Office of Recipient Rights shall participate on the Committee as an ex-officio, non-voting member. Other non-voting members may be added at the Committee’s discretion, and with the consent of the individual whose behavior treatment plan is being reviewed, such as an advocate or Certified Peer Support specialist.</p>	<p>PIHPs could show committee membership, meeting attendance, policies governing committee activities, contract language for contracted functions. Documentation of activities related to monitoring the contracted function.</p>
<p>D.5.3. The Committee maintains meeting minutes that comply with the Technical</p>		<p>Meeting minutes are maintained for all Committee meetings and the</p>	<p>PIHPs could show policies governing committee activities, contract language for</p>

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<p>Requirement. Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>		<p>minutes clearly delineate the actions of the Committee. Meeting minutes must demonstrate that any Committee member who has prepared a behavior treatment plan which is to be reviewed by the Committee recuses themselves from final decision-making.</p>	<p>contracted functions. Documentation of activities related to monitoring the contracted function.</p>
<p>D.5.4. When there is a need for a behavior treatment plan, it is developed through a person-centered planning process.</p>		<p>This does not mean that a separate person-centered planning process is required when there is a need to develop a behavior treatment plan. The person-centered planning process used in the development of an individualized written IPOS will identify when a behavior treatment plan needs to be developed. Case record documentation will demonstrate that assessments have been conducted to rule out physical, medical or environmental causes of the behavior; and that there have been unsuccessful attempts, using positive behavioral supports and interventions, to change the behavior prior to implementing a behavior treatment plan.</p>	<p>PIHPs could show policies governing committee activities, contract language for contracted functions. Documentation of activities related to monitoring the contracted function.</p>
<p>D.5.6. Written special consent is obtained before the behavior treatment plan is implemented.</p>		<p>Written special consent must be given by the individual, or his/her guardian if one has been appointed, or the parent with legal custody of a minor</p>	<p>PIHPs could show policies governing committee activities, contract language for contracted functions. Documentation of activities related to monitoring the</p>

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		prior to the implementation of the behavior treatment plan.	contracted function.
<p>D.5.7. The Committee disapproves any behavior treatment plan that proposes to use aversive techniques, physical management, or seclusion or restraint in a setting where it is prohibited by law or regulations.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>		<p>Committee meeting minutes demonstrate that the Committee disapproves any behavior treatment plan that proposes to use aversive techniques, physical management, or seclusion or restraint in a setting where it is prohibited by law or regulations.</p>	<p>PIHPs could show policies governing committee activities, contract language for contracted functions. Documentation of activities related to monitoring the contracted function.</p>
<p>D.5.8. The Committee expeditiously reviews all behavior treatment plans proposing to use intrusive or restrictive techniques and approves or disapproves their use.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>		<p>Plans that are forwarded to the Committee for review shall be accompanied by:</p> <ol style="list-style-type: none"> 1. Results of assessments performed to rule out relevant physical, medical and environmental causes of the problem behavior. 2. A functional assessment. 3. Results of inquiries about any medical, psychological or other factors that might put the individual subjected to intrusive or restrictive techniques at high risk of death, injury or trauma. 4. Evidence of the kinds of positive behavioral supports or interventions, including their amount, scope and duration that have been 	<p>PIHPs could show policies governing committee activities, contract language for contracted functions, meeting minutes. Documentation of activities related to monitoring the contracted function.</p>

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		<p>attempted to ameliorate the behavior and have proved to be unsuccessful.</p> <ol style="list-style-type: none"> 5. Evidence of continued efforts to find other options. 6. Peer reviewed literature or practice guidelines that support the proposed restrictive or intrusive intervention. 7. References to the literature should be included, and where the intervention has limited or no support in the literature, why the plan is the best option available. 8. The plan for monitoring and staff training to assure consistent implementation and documentation of the intervention(s). 	
<p>D.5.9. The Committee effectively ensures that required behavior analysis and alternative methods have been pursued before approving any use of intrusive or restrictive techniques.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>		<p>The Committee minutes should demonstrate that the Committee effectively determines whether:</p> <ol style="list-style-type: none"> 1. a causal analysis of the behavior has been performed. 2. positive behavior supports and interventions have been adequately pursued, and where these have not occurred, disapprove any proposed plan for utilizing 	<p>PIHPs could show policies governing committee activities, contract language for contracted functions, meeting minutes. Documentation of activities related to monitoring the contracted function.</p>

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		<p>intrusive or restrictive techniques.</p> <p>3. assure that inquiry has been made about any medical, psychological, or other factors that the individual has which might put him/her at high risk of death, injury or trauma if subjected to intrusive or restrictive techniques.</p>	
<p>D.5.10. The Committee reviews the continuing need for any approved procedures involving intrusive or restrictive techniques at least quarterly.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>		<p>For each approved plan, the committee must set a date to re-examine the continuing need for the approved procedures. The Committee must also conduct a review in response to an individual’s request for a review as part of the person-centered planning process.</p> <p>The more intrusive or restrictive the interventions, or the more frequently they are applied, the more often the behavior treatment plan should be reviewed by the Committee. Procedures involving intrusive or restrictive techniques must be reviewed at least quarterly.</p>	<p>PIHPs could show policies governing committee activities, contract language for contracted functions, meeting minutes. Documentation of activities related to monitoring the contracted function.</p>
<p>D.5.11. The Committee arranges for an evaluation of the Committee’s effectiveness by</p>		<p>The site review team will look for documentation that shows that this</p>	<p>PIHPs could show the completed evaluation and demonstrate stakeholder involvement in</p>

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<p>stakeholders, including individuals who had approved plans, as well as family members and advocates.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>		<p>evaluation has been completed and that stakeholders, including individuals who had approved plans, as well as family members and advocates were involved in the evaluation.</p>	<p>the process.</p>
<p>D.5.12. On a quarterly basis, the Committee tracks and analyzes the use of all physical management techniques for emergencies, and the use of intrusive and restrictive techniques by each individual receiving the intervention.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>		<p>Analyzed data must include:</p> <ol style="list-style-type: none"> 1. dates and numbers of interventions used 2. the settings where behaviors and interventions occurred 3. behaviors that initiated the techniques 4. documentation of the analysis performed to determine the cause of the behaviors that precipitated the intervention 5. attempts to use positive behavioral supports 6. behaviors that resulted in termination of the interventions 7. length of time of each intervention 8. staff development and training and supervisory guidance to reduce the use of these interventions 9. involvement of law enforcement for emergencies 	<p>PIHP requirements for CMHSPs to submit quarterly summary data to the PIHP.</p>

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<p>D.5.13. Data on the use of intrusive and restrictive techniques is evaluated by the PIHP’s Quality Assessment and Performance Improvement Program (QAPIP) or the CMHSP’s QIP.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>		<p>The site review team will look for evidence that the PIHP’s QAPIP or the CMHSP’s QIP are evaluating data on the use of intrusive and restrictive techniques.</p>	<p>QAPIP reports and minutes.</p>
<p>D.5.14. The Committee analyzes data on the use of physical management and the involvement of law enforcement for emergencies on a quarterly basis.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>		<p>The site review team will look for evidence in Behavior Management Committee minutes that the Committee is analyzing data on the use of physical management and the involvement of law enforcement for emergencies on a quarterly basis.</p>	<p>QAPIP reports and minutes.</p>
<p>D.5.15. Behavioral intervention related injuries requiring emergency medical treatment or hospitalization and deaths are reported to the Department via the event reporting system.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>		<p>The site review team will examine event reporting system data in conjunction with clinical record reviews to ensure that incidents are reported into the data collection system as required.</p>	<p>The PIHP may have administrative or contract monitoring or performance data that demonstrates that monitoring of compliance with event reporting requirements has taken place and that events are reported.</p>

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<p><u>D.6. COORDINATION</u> <u>(Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work; 42 CFR 438.208)</u></p>	<p><u>Through the collaborative process, different abilities of health care providers are used to solve problems, communicate, and plan, implement and evaluate mental health services. There should be evidence of a collaborative effort to meet the service needs and fill in the gaps as well as provide a seamless transition of services as needed.</u></p>		
<p>D.6.1. The PIHP actively participates in Community Collaboratives and local community agency collaboration efforts.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work; 42 CFR. 438.208</p> <p>AFP Section 2.9</p>		<p>The site review team will evaluate the PIHP's and/or its designee involvement and participation in the Multi-purpose Collaborative Body. Sources of information could include:</p> <ul style="list-style-type: none"> • Multi-purpose Collaborative meeting minutes that verify PIHP and/or its designee attendance • Relevant correspondence between the PIHP and/or designee and the Multi-purpose Collaborative Body that demonstrates effective PIHP and/or designee participation 	<p>PIHP monitoring activities on affiliates, presence of local agreements, review of meeting minutes,</p>
<p>D.6.2. The PIHP coordinates and collaborates with other required local human services</p>		<p>The site review team will look for written agreements to be in place between the PIHP and/or its designee</p>	<p>PIHP monitoring activities on affiliates, presence of local agreements, review of meeting minutes, MOU and/or agreements</p>

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<p>agencies.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work;</p> <p>MDCH/CMHSP Managed Mental Health Supports and Services Contract: Special Education--to-Community Transition Guideline.</p> <p>42 CFR 438.208</p> <p>AFP Sections 2.9, 6.9.6</p> <p>Mental Health Code 330.1227, Section 227</p> <p>Individual with Disabilities Education Act (IDEA).</p> <p>Vocational Education Act of 1984</p>		<p>and local health departments, Medicaid Health Plans (MHPs), local DHS offices, Substance Abuse Coordinating Agencies, community and migrant health centers, nursing homes, Area Agency and Commissions on Aging, Medicaid Waiver agents for the HCBW program, school systems, and Michigan Rehabilitation Services.</p> <p>The site review team will evaluate evidence that the PIHP and/or its designee:</p> <ul style="list-style-type: none"> • Is involved with schools early enough to develop a mutual relationship based on the principles of inclusion, self-determination and age appropriateness which underlie both IDEA and the Michigan Mental Health Code. • Ensures that transition planning begins no later than the school year in which the individual student reaches 16 years of age. The PIHP and/or its designee is responsible for participating in the development of school-to-community transition services for individuals with 	<p>and contracts, examples of successful coordination and collaboration activities with other local human services agencies that are reflected in improved service delivery to individuals,</p>

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		<p>serious mental illness, serious emotional disturbance, or developmental disability.</p> <p>Sources of information would include:</p> <ul style="list-style-type: none"> • Any documentation that shows participation in IEP meetings • Correspondence or other documentation that shows information sharing is occurring between the PIHP and/or its designee and school systems • A PIHP written agreement with the school systems that describes the coordination arrangements, identifies how disputes between the agencies will be resolved, and addresses school-to-community transition, and vocational education. <p>The site review team will evaluate the PIHP's written agreement with Michigan Rehabilitation Services to see if the agreement:</p> <ul style="list-style-type: none"> • Describes the coordination arrangements agreed to 	

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		<ul style="list-style-type: none"> • identifies how disputes between the agencies will be resolved. <p>The site review team will evaluate the PIHP's written agreement with the Michigan Department of Human Services to see if the agreement:</p> <ul style="list-style-type: none"> • Describes the coordination arrangements agreed to • identifies how disputes between the agencies will be resolved. <p>When the PIHP is not also the Substance Abuse Coordinating Agency, the site review team members will examine the PIHP's agreement with the CA to look for the presence of elements that facilitate a working relationship, such as:</p> <ul style="list-style-type: none"> • Joint efforts to address co-occurring disorders are ongoing • Agreements and/or consensus documents, memorandums of understanding, between the PIHP and other identified stakeholders 	

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<p>D.6.3. The PIHP has an organizational process that supports coordination and collaboration with Medicaid Health Plans and primary care physicians.</p> <p>42 CFR438.208</p> <p>Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work</p> <p>Medicaid Managed Specialty Services and Supports Contract, Part 6 – Quality Assessment and Performance</p> <p>AFP Section 2.9.8</p>	<p>The PIHP has implemented ongoing efforts to coordinate care with MHPs and primary care physicians.</p>	<p>The site review team will review evidence of PIHP coordination with primary care providers and MHPs.</p> <p>A coordination policy shall minimally address all recipients of PIHP services for whom services or supports are expected to be provided for extended periods of time, including:</p> <ul style="list-style-type: none"> • Case management • Supports coordination • Habilitation Waiver • ACT • Children's waiver • Home based • Individuals receiving psychotropic medication <p>The review team will look for documentation (i.e. release of information forms and evidence of communication between the PIHP and the primary care physician. The PIHP should maintain a copy of any such correspondence in the beneficiary's clinical record.</p> <p>Activities the PIHP has undertaken with the MHPs to address the health needs of mutually served individuals,</p>	<p>PIHP organization level activities with MHPs to address the health needs of mutually served individuals, joint education programs, co-locating of services, etc. (Some of these activities may be happening at affiliate CMHSP level or provider level, in which case PIHP monitoring activities may be evaluating whether the activities are effectively taking place)</p>

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		joint education programs, co-locating of services, etc.	
D.6.4. The PIHP communicates with the individual's primary care physician or health plan when psychiatric pre-admission screening activities are completed.		The site review team will review inpatient pre-admission screening records and other materials for documentation that the PIHP and/or its designee, communicates with the primary care physician or health plan.	PIHP monitoring of subcontractors, review of pre-admission screenings done by PIHP or contractors, possible automatic generation of notification to MHPs or PCPs if MHP or PCP identified on pre-admission screenings
D.6.5. The PIHP ensures that each individual's privacy is protected in accordance with HIPAA requirements. Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work; 42 CFR 438.208 AFP Section 3.10.6, 3.10.8		The site review team will review documentation to ensure that: <ul style="list-style-type: none"> • Electronic documentation protects the individuals Protected Health Information Sources of information include: <ul style="list-style-type: none"> • Clinical record review • MDCH facility site reviews • Staff training records • Personnel records • Administrative policies and procedures • Electronic documentation 	
<u>E.1 STAFF QUALIFICATIONS</u>			
Psycho-Social Rehabilitation Programs E.1.1. The PSR program has an on-site clubhouse manager who meets the qualifications	Properly qualified and trained staff is essential to effective Clubhouse functioning. Training	The review team will look at the personnel record of the identified director of the clubhouse program to ensure that the manager:	PIHP Provider monitoring activities

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identified in the Medicaid Provider Manual.	<p>and experience enhance the employee’s ability to work with members to effectively operate the Clubhouse program.</p> <p>A fulltime manager is essential for successful Clubhouse operation and demonstrates the PIHP's commitment to PSR philosophy and the ongoing success of the program.</p>	<ul style="list-style-type: none"> • Is full time and on-site (The manager must not have job responsibilities in addition to being the clubhouse manager. One individual cannot be the clubhouse manager for more than one clubhouse program and still meet the requirement.) • Has a minimum of a bachelor’s degree in a health or human services field • Has two years experience with the target population or is a licensed master’s social worker with one year experience with the target population 	
<p>Crisis Residential Programs</p> <p>E.1.2. Non-degreed staff members who carry out treatment activities in crisis residential programs must have at least one year of satisfactory work experience providing services to beneficiaries with mental illness or have successfully completed a PIHP/MDCH approved training program for working with beneficiaries with mental illness.</p>	<p>Paraprofessional staff must be experienced and have received training necessary to ensure their competency on the job.</p>	<p>The review team will review personnel and training files to determine if experience requirement is met. The team will also review the training curriculum to ensure that it was approved by the Department, as well as review agency policy and procedure regarding supervision of non- professional staff.</p>	<p>PIHP network monitoring activities, credentialing activities, training summary information,</p>
<p>Targeted Case Management</p> <p>E.1.3. Primary case manager must meet the</p>		<p>The review team will review PIHP policy, personnel records and clinical records to verify that:</p>	<p>PIHP network monitoring activities, credentialing activities, training summary information,</p>

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<p>criteria identified in the Medicaid Provider Manual.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 13.4. Staff Qualifications</p>		<ul style="list-style-type: none"> • the primary case manager is a QMRP and/or a QMHP <p>or</p> <ul style="list-style-type: none"> • if the case manager has only a bachelor's degree but without the specialized training or experience they are supervised by a QMRP or QMHP • services to a child with serious emotional disturbance is provided by a QMHP who is also a child mental health professional <p>One possible source of evidence for supervision is counter signatures on documents.</p>	
<p>Intensive Crisis Stabilization Programs</p> <p>E.1.4. Professionals providing intensive crisis stabilization services must be a mental health care professional.</p>		<p>A mental health professional includes a psychiatrist, psychologist, appropriately licensed social worker, a registered social worker technician under the supervision of a professional, professional counselor, psychiatric nurse, or registered nurse under the supervision of a professional (Refer to staff Provider Qualification in the program requirement).</p> <p>The site review team will review:</p>	<p>PIHP network monitoring activities, credentialing activities</p>

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		<ul style="list-style-type: none"> • staff personnel files to ensure current licensure/registration, and relevant experience • the PIHP policy and procedure re- supervision of staff. 	
<p>Home-Based Services Programs</p> <p>E.1.5. Home-based services professional staff members are child mental health professionals.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1</p>		<p>The site review team will verify by a review of staff personnel file and training records that staff members meet the child mental health professional criteria and associated training requirements (24 hours annually of child/family specific training) and who is either a physician, psychologist, licensed master social worker, registered nurse or has a bachelor or master’s degree from an accredited school in a mental health related field and one year of experience in the examination, evaluation and treatment of minors and their families.</p> <p>The time spent by a given staff member researching and reviewing materials in preparation for providing child specific training to others can be used to meet their 24 clock hour requirements for on-going training.</p>	<p>PIHP network monitoring activities, credentialing activities, training summary information</p>
<p>Home-Based Services Programs</p> <p>E.1.6. Professional home-based staff members</p>		<p>The site review team will verify by a review of the staff personnel file and</p>	<p>PIHP network monitoring activities, credentialing activities, training summary</p>

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<p>for individuals with a developmental disability must be a QMRP and a child mental health professional.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1</p>		<p>training record that professional home-based staff members who work with a person with a developmental disability are both a QMHP and a QMRP.</p>	<p>information</p>
<p>Habilitation Supports Waiver</p> <p>E.1.7. The PIHP ensures that Waiver service providers meet credentialing standards prior to being formally enrolled as part of the PIHP's provider panel.</p>			<p>PIHP network monitoring activities, credentialing activities</p>
<p>Habilitation Supports Waiver</p> <p>E.1.8. The PIHP ensures that Waiver service providers continue to meet credentialing standards after being formally enrolled as part of the PIHP's provider panel.</p>			<p>PIHP network monitoring activities, credentialing activities, training summary information</p>
<p>Habilitation Supports Waiver</p> <p>E.1.9. The PIHP ensures that non-licensed Waiver service providers meet the provider qualifications identified in the Medicaid Provider Manual.</p>			<p>PIHP network monitoring activities, credentialing activities, training summary information</p>
<p><u>E.2 STAFF & PROGRAM SUPERVISION REQUIREMENTS</u></p>			
<p>Home-Based Services Programs</p> <p>E.2.1. The home-based program is supervised by a QMHP and Child Mental Health professional.</p>		<p>The site review team will verify by a review of the PIHP policy and procedure, staff personnel file and training record that the program</p>	<p>PIHP network monitoring activities, credentialing activities, training summary information</p>

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Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 1.7.		supervisor meets the requirements outlined in the Medicaid Provider Manual and Administrative Rules.	
<p>Home-Based Services Programs</p> <p>E.2.2. Professional home-based services staff must receive weekly clinical supervision.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1</p>		<p>The site review team will verify by a review of the PIHP’s provider network monitoring information and/or other information that professional home-based services staff members received weekly clinical supervision (one-on-one and/or group) to help them navigate the intense needs of the families receiving home-based services.</p> <p>Evidence of the provision of this clinical supervision must be documented and may be recorded via supervision logs, sign-in sheets, or other methods of documentation. This requirement does not extend to home-based services assistants.</p>	PIHP network monitoring activities, clinical supervision summary information
<p>Psycho-Social Rehabilitation Programs</p> <p>E.2.3. Non-professional staff in the PSR program work under the documented supervision of a qualified professional.</p>	This requirement helps ensure that proper oversight of staff occurs and increases the likelihood that staff members will effectively assist with attaining Clubhouse goals in a manner consistent with Clubhouse philosophy.	<p>Organizational charts and performance evaluations should support that appropriate supervision is taking place.</p> <p>Interviews with staff and members should support that the Clubhouse manager is actively involved in on-site supervision of staff members and Clubhouse operations.</p>	PIHP network monitoring activities, supervision summary information

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		<p>The site review team will also examine progress notes as a potential source of evidence that the Clubhouse program is meeting the requirement for appropriate supervision. The supervisor's co-signing of progress notes written by staff will be accepted as one source of evidence that appropriate supervision is taking place.</p>	
<p>Crisis Residential Programs</p> <p>E.2.4. Crisis Residential Treatment services must be provided under the immediate direction of a professional possessing at least a bachelor's degree in a human services field, and who has at least 2 years work experience providing services to beneficiaries with a mental illness.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 6.4.</p>	<p>The educational background and work experience of the professional staff supervising the direct care staff is essential in the successful operation of the program.</p>	<p>The review team will review the personnel file of the crisis residential home manager to ensure they have the requisite experience, as well as review the staffing schedule to ensure that the home manager works full time at the crisis residential program.</p>	<p>PIHP network monitoring activities, credentialing activities</p>
<p>Personal Care Services</p> <p>E.2.5. Supervision of personal care services must be provided by a health care professional that meets the qualifications outlined in the Medicaid Provider Manual.</p> <p>R 330.2805</p> <p>R 330.2806</p>		<p>The team will review clinical records and personnel records to evaluate whether the supervision of personal care services was provided by a health care professional (a physician, registered nurse, physician's assistant, nurse practitioner, and dietician). The services rendered must be relevant to the health care professional's scope of practice.</p>	<p>PIHP network monitoring activities, credentialing activities</p>

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<p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 11</p>		<p>Clinical record review will determine if:</p> <ul style="list-style-type: none"> • Services are identified in the IPOS (equivalency to 3803's justification) • personal care services are authorized by a physician, case manager, or supports coordinator <p>Personnel record reviews will determine if personal care services are:</p> <ul style="list-style-type: none"> • Supervised by a qualified person • Provided by staff members who have been appropriately trained 	
<p>Intensive Crisis Stabilization Services</p> <p>E.2.6. The intensive crisis stabilization services team may be assisted by trained paraprofessionals under appropriate supervision. The trained paraprofessionals must have at least one year of satisfactory experience providing services to persons with serious mental illness.</p>		<p>The site review team will review the program's process for supervising paraprofessional staff, as well as review any policy and procedure that relates to supervision of paraprofessionals. Supervision may be reflected by counter signing progress notes, and/or demonstrated in paraprofessional staff member's performance evaluations.</p>	<p>PIHP network monitoring activities, credentialing activities, training summary information</p>

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<u>E.3 STAFF TRAINING REQUIREMENTS</u>			
<p>Assertive Community Treatment</p> <p>E.3.1. All ACT team staff members are trained according to the Medicaid Provider Manual.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4</p>		<p>The site review team will review PIHP policy and procedure and staff training records to assure that all ACT team staff members have a basic knowledge of ACT programs and principles acquired through MDCH approved ACT specific training within six months of hire, and then at least one MDCH approved ACT specific training annually.</p>	<p>PIHP network monitoring activities, credentialing activities, training summary information</p>
<p>Access Centers/Units</p> <p>E.3.2. All access centers/units in the service area have professional staff members who are cross-trained in performing assessments for co-occurring disorders.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P.3.1.1 Access Standards</p>	<p>Cross training staff increases the quality of work and success of consumers. A competent and informed staff provides better treatment. Learning new assessment techniques to address both substance abuse and mental illness has a positive effect on co-occurring outcomes.</p>	<p>The review team will look for evidence that staff have been cross trained in performing assessments for co-occurring disorders prior to beginning work in the screening center. Supporting evidence could include:</p> <ul style="list-style-type: none"> • PIHP has a competency development plan that is designed around principles of co-occurring disorder treatment which includes, welcoming attitudes, screening, assessment and integrated plan, motivational interviewing, stages of change and stage match treatment interventions, substance abuse treatment 	<p>PIHP network monitoring activities, credentialing activities, training summary information</p>

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		<p>skills, etc.</p> <ul style="list-style-type: none"> • Job descriptions that support the development of co-occurring capability • Documentation that staff have acquired core competency of co-occurring disorders through the process of supervised learning and on-going performance reviews. 	
<p>Targeted Case Management</p> <p>E.3.3. Case managers must be trained in compliance with Medicaid Provider Manual Requirements.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 13.1</p>		<p>The site review team will review personnel files and staff training records to assure that initial and ongoing training occurs for case managers related to the following core requirements:</p> <ul style="list-style-type: none"> • Assuring that the person-centered planning process takes place and that it results in the individual plan of service • Assuring that the plan of service identifies what services and supports will be provided, who will provide them, and how the case manager will monitor (i.e., interval of face-to-face contacts) the services and supports identified under each goal and objective 	<p>PIHP network monitoring activities, training summary information</p>

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		<ul style="list-style-type: none"> • Overseeing implementation of the individual plan of service, including supporting the beneficiary’s dreams, goals, and desires for optimizing independence; promoting recovery; and assisting in the development and maintenance of natural supports • Assuring the participation of the beneficiary on an ongoing basis in discussions of his plans, goals, and status • Identifying and addressing gaps in service provision • Coordinating the beneficiary’s services and supports with all providers, making referrals, and advocating for the beneficiary • Assisting the beneficiary to access programs that provide financial, medical, and other assistance such as Home Help and Transportation services • Assuring coordination with the beneficiary’s primary and other health care providers to assure continuity of care 	

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		<ul style="list-style-type: none"> • Coordinating and assisting the beneficiary in crisis intervention and discharge planning, including community supports after hospitalization • Facilitating the transition (e.g., from inpatient to community services, school to work, dependent to independent living) process, including arrangements for follow-up services • Assisting beneficiaries with crisis planning • Identifying the process for after-hours contact 	
<p>Home-Based Services Programs</p> <p>E.3.4. Home-based assistants must be trained prior to beginning work with the beneficiary and family.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1</p>		<p>The site review team will verify by a review clinical record, staff personnel file and training records that home-based assistants are trained regarding the beneficiary’s treatment plan and goals, including appropriate interventions and implementation strategies prior to beginning work with the family.</p>	<p>PIHP network monitoring activities, training summary information</p>
<p>Home-Based Services Programs</p>		<p>The site review team will verify by a review of the staff personnel file and</p>	<p>PIHP network monitoring activities, credentialing activities, training summary</p>

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<p>E.3.5. Professional home-based services staff members, who are providing services to infants/toddlers (birth through age three) and their families, must be a child mental health professional and be trained in infant mental health interventions.</p> <p>Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1</p>		<p>training record that professional home-based services staff members who are serving infants/toddlers (birth through age three) are a Child Mental Health Professional trained specifically in providing infant mental health treatment and appropriately endorsed by MI-AIMH*or has a waiver of provider qualifications from DCH.</p> <p>*Effective 10/01/09, these staff must have an Endorsement Level 2 by the Michigan Association of Infant Mental Health (MI-AIMH), Level 3 preferred.</p>	<p>information</p>
<p>E.3.6. The PIHP shall identify staff training needs and provide in-service training, continuing education, and staff development activities.</p> <p>(Medicaid Managed Specialty Supports and Services contract §6.2 (Training, Education, Experience and Licensing Requirements))</p> <p>(Medicaid Managed Specialty Supports and Services contract, Attachment P6.7.1.1 – QAPIP)</p> <p>Cultural Competency (ongoing training to assure that staff are aware of, and able to effectively implement, cultural</p>		<p>The site review team will look for evidence that:</p> <ul style="list-style-type: none"> • Training needs are identified • Any residential training curriculum used was approved by DHS and the PIHP. • Staff training took place • Training occurred as necessary to meet the needs of those individuals receiving services 	

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<p>competency policy) (Medicaid Managed Specialty Supports and Services contract, Part II: Statement of Work, 3.0 Access Assurance section 3.4.2)</p> <p>Person-centered planning (Medicaid Managed Specialty Supports and Services contract: Attachment C 3.4.1.1 – Person-Centered Planning Guideline)</p> <p>Specialized Residential Settings (Administrative Rule R330.1806)</p> <p>Aides (Medicaid Provider Manual, Section 15.2.C)</p>		<p><u>Required Staff Training Topic Areas:</u></p> <p>Abuse and neglect (recipient rights) Behavior management (applied behavioral sciences) Crisis management Cultural Competency Environmental Emergencies Grievance and appeal HIPAA Limited English Proficiency Medical emergencies Person-centered planning Self-determination Universal precautions</p> <p><u>Aides</u></p> <p>First aid IPOS training</p> <p><u>Specialized Residential Settings</u></p> <p>CMHSPs/PIHPs must ensure that direct care staff complete basic training course using an approved curricula that is supplemented as necessary to meet any unique or specific training required to meet the needs of the individuals who are receiving services. It is expected that the specialized residential staff</p>	

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<p align="center">SITE REVIEW DIMENSION</p>	<p align="center">EXPLANATION</p>	<p align="center">SITE REVIEW ACTIVITIES AND POSSIBLE SOURCES OF EVIDENCE FOR COMPLIANCE WITH SITE REVIEW DIMENSION</p>	<p align="center">WHAT TYPES OF PIHP MONITORING ACTIVITIES AND EVIDENCE COULD DEMONSTRATE SITE REVIEW DIMENSION COMPLIANCE IN LIEU OF DCH DIRECT EVALUATION</p>
		<p>demonstrate that they are fully capable of implementing each recipient’s written plan of service. Required specialized residential training areas include:</p> <ul style="list-style-type: none"> • Introduction to community residential services and the role of direct care staff • Introduction to the special needs of individuals with a developmental disability or a mental illness • Interventions for maintaining and caring for an individual’s health (personal hygiene, infection control, food preparation, nutrition, special diets, and recognizing signs of illness) • Basic first aid and CPR • Precautions and procedures for medication administration • Preventing, preparing for, and responding to environmental emergencies • Recipient Rights • Non-aversive techniques for the prevention and treatment of challenging behaviors <p>Sources of information could include:</p> <ul style="list-style-type: none"> • Personnel records 	

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		<ul style="list-style-type: none"> • Training records • Communication logs • Staff meeting minutes • Individual plans of service • Performance evaluations • Quality improvement plan(s) • Administrative policies and procedures • The training curriculum • Clinical records • Incident reports • Competencies/skills by observations • Requested demonstrations of skills, knowledge, competencies (i.e., implementation of an individual's behavioral plan) • PIHP monitoring activities (reviews, recommendations, corrective actions) 	