0 = Non-Compliance
1 = Partial Compliance
2 = Full Compliance
N/A = Non-Applicable

Community Mental Health Partnership of Southeastern Michigan\
PIHP/CSSN Monitoring of Delegated Functions

CSSN: _____ **Date of Review:** _____

Reviewer(s):_____

Accredited by: _____ **Expiration Date:** _____ **Copy of Accreditation Certificate Given to PIHP: Yes / No**

Findings Reported to: _____ **Date Findings Were Reported:** _____

HIPAA COMPLIANCE

(45CFR Parts 160, 162, and 164)

EVIDENCED BY:

1	Evidence of Implementation of HIPAA Requirements	0	1	2	N/A	_____
2	Evidence of a designated HIPAA Privacy Officer	0	1	2	N/A	_____
3	Evidence of a Confidentiality Breach Log	0	1	2	N/A	_____
4	Evidence of a Privacy Checklist	0	1	2	N/A	_____
5	Evidence that the agency conducts an annual risk assessment	0	1	2	N/A	_____

Total Score for HIPAA Compliance

FINANCE

(DCH Contract, CSSN Contract)

1 *There are policies and procedures in place that include:*

1a	Claims management	0	1	2	N/A	_____
1b	Medicaid funds management process	0	1	2	N/A	_____

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1c	Monthly monitoring of revenue and expenses	0	1	2	N/A	
1d	Monthly reconciliation of balance sheets	0	1	2	N/A	
1e	Carry forward documentation	0	1	2	N/A	
1f	Reimbursement / COB	0	1	2	N/A	
2	There is evidence of Board approval of Financial Status Reports and Balance Sheet Status	0	1	2	N/A	
3	There is documentation of PIHP Delegated Function Costs	0	1	2	N/A	
4	There is documentation of ongoing monitoring of EQR standards	0	1	2	N/A	
5	There is a process to ensure at least 95% of Medicaid clean claims are paid within 30 days of submission	0	1	2	N/A	
5a	There is evidence that this process is being followed	0	1	2	N/A	
6	There is a Medicaid funding eligibility process to ensure that Medicaid costs are reported for Medicaid eligibles only	0	1	2	N/A	
7	There is a process to ensure all services provided either internally or through sub-contractors are consistent with consumer Person Centered Plans and Authorizations	0	1	2	N/A	
7a	There is evidence that this process is being followed	0	1	2	N/A	
8	Financial data/reports are submitted to the PIHP by the due date established by the PIHP	0	1	2	N/A	
9	The CSSN's designated representative to the Regional Finance Committee has attended at least 75% of the Committee's meetings in the past year	0	1	2	N/A	

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Total Score for Finance

INFORMATION MANAGEMENT

(JCAHO IM1.10, IM2.20; CSSN contract)

1	There is evidence of a process to ensure that the MDCH performance improvement indicators are reviewed and validated in a timely manner.	0	1	2	N/A	_____
2	The CSSN's designated representative to the Regional Encompass Implementation Committee has attended at least 75% of the Committee's meetings in the past year	0	1	2	N/A	_____
3	The CSSN has a plan in place for moving its providers to an electronic claims submission process using Encompass	0	1	2	N/A	_____

Total Score for Information Management

MEMBER SERVICES

(Note: PIHP will accept the findings from JCAHO and/or EQR site visits to demonstrate compliance in this section, beginning FY 05/06)
(42CFR Parts 438.10, 438.100;438 Subpart F; JCAHO RI3.10, RI4.10, RI.5.10, JCAHO ED.1.10-4.10; JCAHO LD2.90, LD2.100; DCH Contract)

1	Agency Policy identifies Member Services as an identified function	0	1	2	N/A	_____
2	Agency Policy demonstrates that Member Services operates to enhance the relationship between the consumer and the CSSN	0	1	2	N/A	_____
3	There is evidence that the functions of the Member Services Department set forth in agency policy are actually occurring	0	1	2	N/A	_____
4	Orientation to the CMH system begins when the consumer starts receiving services from the CSSN	0	1	2	N/A	_____

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5	*Information is provided to new consumers that describes:*					
5a	Services available from the CSSN and how to access them	0	1	2	N/A	_____
5b	Scope of the benefit package	0	1	2	N/A	_____
5c	A list of provider agencies	0	1	2	N/A	_____
5d	Where to get help with questions/problems	0	1	2	N/A	_____
5e	How to file a complaint	0	1	2	N/A	_____
5f	How to file a grievance	0	1	2	N/A	_____
5g	How to file a Recipient Rights complaint	0	1	2	N/A	_____
5h	That there is no cost for filing a complaint or grievance	0	1	2	N/A	_____
5i	Description of potential financial liability (ie, sliding fee scales, charge, co-pays, ability to pay determinations, deductibles)	0	1	2	N/A	_____
5j	How to file a fee determination appeal	0	1	2	N/A	_____
5k	How to access 24-hour emergency services	0	1	2	N/A	_____
5l	Standard hours of operation of the CSSN administrative office	0	1	2	N/A	_____
5m	Standard hours of operation of the Member Services Dept	0	1	2	N/A	_____
6	"Significant changes" are communicated to members (ie, changes in the array of services or the benefit package, changes in policy that would effect how a consumer obtains services or information)	0	1	2	N/A	_____
7	*Consumer inquiries to Member Services (other than formal grievances/complaints) are monitored for:*					
7a	Volume	0	1	2	N/A	_____
7b	Trends	0	1	2	N/A	_____
7c	Response time	0	1	2	N/A	_____
7d	Resolution	0	1	2	N/A	_____

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8	Consumers are informed about how to terminate from services (BBA/JCAHO)	0	1	2	N/A	_____
9	Consumers are informed about how to request a change in their primary treater	0	1	2	N/A	_____
10	*Communications with consumers demonstrate:*					
10a	Cultural sensitivity	0	1	2	N/A	_____
10b	Reasonable accommodations for people with physical disabilities (hearing or vision)	0	1	2	N/A	_____
10c	Oral interpretation services in any language are available to consumers at no charge	0	1	2	N/A	_____
11	Consumers and families have an opportunity to express opinions and provide input into clinical decisions	0	1	2	N/A	_____
12	Consumers and families have an opportunity to express opinions and provide input into administrative decisions	0	1	2	N/A	_____
13	There is a documented process whereby service or process improvement suggestions identified from Member Services functions are routed to the appropiate part of the CSSN (ie, PI, management, etc)	0	1	2	N/A	_____
14	*Member Services staff are trained on and have knowledge about:* (BBA)					
14a	Consumer benefits	0	1	2	N/A	_____
14b	The provider network	0	1	2	N/A	_____
14c	Process regarding access to services	0	1	2	N/A	_____
14d	The authorization process	0	1	2	N/A	_____
14e	Grievance and appeal mechanism available to consumers	0	1	2	N/A	_____
15	There is evidence that Member Services staff's skills in customer relations are assessed	0	1	2	N/A	_____

0 = Non-Compliance
1 = Partial Compliance
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N/A = Non-Applicable

16	*Member Services performance standards of effectiveness and efficiency are:*					
16a	Documented	0	1	2	N/A	_____
16b	Periodically reported	0	1	2	N/A	_____
16c	Monitored	0	1	2	N/A	_____
17	The CSSN clearly defines, organizationally and managerially, the relationship of Member Services to:	0	1	2	N/A	_____
17a	The Office of Recipient Rights	0	1	2	N/A	_____
17b	Grievance and Appeals	0	1	2	N/A	_____
18	Member Services functions are coordinated with ORR and G&A to avoid conflicts of interest or purpose	0	1	2	N/A	_____
19	Member Services handles individual complaints and grievances in an effective, efficient way. *This is demonstrated by data that is:*					
19a	Tracked	0	1	2	N/A	_____
19b	Monitored	0	1	2	N/A	_____
19c	Reported to the appropriate entity	0	1	2	N/A	_____
20	*Member Services facilitates phone access during normal CSSN business hours for:*					
20a	Consumers	0	1	2	N/A	_____
20b	The community	0	1	2	N/A	_____

Total Score for Member Services

PERFORMANCE IMPROVEMENT

(This area is being monitored by the Regional PI Committee)
(42CFR Part 438.204, 438.240, JCAHO PI.1.10-2.30

1	There is evidence that of Performance Improvement process in place.	0	1	2	N/A	_____
2	There is evidence that performance improvement processes are being communicated to providers.	0	1	2	N/A	_____

0 = Non-Compliance
1 = Partial Compliance
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N/A = Non-Applicable

3	There is evidence that the following regionally approved performance improvement projects are being conducted according to the regionally approved methods.					
3a	QAPIP Study: Natural Supports	0	1	2	N/A	_____
3b	QAPIP Study: Coordination with Primary Care Physicians	0	1	2	N/A	_____
3c	Person Centered Planning Evaluations	0	1	2	N/A	_____
4	There is evidence that CSSN PI indicators are submitted to the PIHP within the contract timeframes.	0	1	2	N/A	_____
5	This is evidence that provider network indicators are brought to the regional PI committee for review at the appropriate timeframes set by the regional PI committee.	0	1	2	N/A	_____

Total Score for Performance Improvement

UTILIZATION MANAGEMENT / REVIEW

42CFR Parts 438.210,440.230, and 438.404; JCAHO UM1.10-7.10)
Chart Reviews will be scored as:
3 = full compliance as 95% of charts; 2=partial compliance as least 75% of charts; 1=non-compliance as less than 75% of charts (include % score in comments)

1	There is evidence of a process in place to assure that all services are authorized in accordance with the Regional Service Authorization Policy	0	1	2	N/A	_____
2	There is evidence of a process in place to assure that continued stay reviews are conducted for all services at the time of an authorization renewal	0	1	2	N/A	_____
3	UM policy/procedure requires that medical necessity review criteria is used in making authorization decisions	0	1	2	N/A	_____
4	There is a process for determining if services should be reduced	0	1	2	N/A	_____

0 = Non-Compliance
1 = Partial Compliance
2 = Full Compliance
N/A = Non-Applicable

5	The reason for a denial or limited authorization of a service is clearly documented in at least 95% of charts reviewed	0	1	2	N/A	_____
6	In at least 95% of charts reviewed, there is evidence that staff making denial decisions have the appropriate clinical expertise to treat the condition	0	1	2	N/A	_____
7	In at least 95% of charts reviewed, there is a mechanism to notify providers of an adverse action	0	1	2	N/A	_____
8	In at least 95% of charts reviewed, there is a mechanism to notify consumers of an adverse action	0	1	2	N/A	_____
9	There is a mechanism to detect under-utilization of services	0	1	2	N/A	_____
10	There is a mechanism to detect over-utilization of services	0	1	2	N/A	_____
11	There are readily available appeals mechanisms for providers regarding UM denials/limited authorizations	0	1	2	N/A	_____
12	There are readily available appeals mechanisms for patients regarding UM denials/limited authorizations	0	1	2	N/A	_____
13	These appeal mechanisms are well-publicized	0	1	2	N/A	_____
14	There is evidence that Peer Review activity is conducted (review form completed; review minutes)	0	1	2	N/A	_____
15	There is evidence that recommendations from Peer Review activity are followed up on	0	1	2	N/A	_____
16	There is evidence of a method to evaluate the effects of the Utilization Management program	0	1	2	N/A	_____
17	There is a process in place for the unbundling of licensed residential services	0	1	2	N/A	_____
18	There is documentation that information on unbundling was communicated to providers	0	1	2	N/A	_____
19	There is evidence that unbundling is taking place (time studies, authorizations, etc)	0	1	2	N/A	_____
20	The CSSN's designated representative to the Regional Utilization Management Committee has attended at least 75% of the Committee's meetings in the past year	0	1	2	N/A	_____
	Total Score for Utilization Management/Review					

0 = Non-Compliance
1 = Partial Compliance
2 = Full Compliance
N/A = Non-Applicable

SAFETY / ENVIRONMENT OF CARE
(JCAHO)

1	*There is evidence that processes are in place to address the National Patient Safety Goals:* (JCAHO)					
1a	Consumer Identification	0	1	2	N/A	_____
1b	Two Consumer Identifiers	0	1	2	N/A	_____
1c	Read Back (communication)	0	1	2	N/A	_____
1d	"Do Not Use" Abbreviation List	0	1	2	N/A	_____
1e	Timely Reporting	0	1	2	N/A	_____
1f	Medication Safety	0	1	2	N/A	_____
1g	Sound Alike/Look Alike Meds	0	1	2	N/A	_____
1h	Infusion Pumps	0	1	2	N/A	_____
1i	Free Flow Protection	0	1	2	N/A	_____
1j	Infection Control	0	1	2	N/A	_____
1k	Hand Hygiene	0	1	2	N/A	_____
1l	Sentinel Events and Infection Control	0	1	2	N/A	_____
2	There is evidence of a Disaster Preparedness Plan which identifies how the CSSN will continue necessary operations in the event of a disaster (JCAHO LD2.260)	0	1	2	N/A	_____
3	There is evidence that staff have been trained on the Disaster Preparedness Plan	0	1	2	N/A	_____
4	There is evidence of procedures for facility emergencies (ie, power outages, etc)	0	1	2	N/A	_____
5	There is evidence that Emergency/Fire Drills are conducted regularly at the CSSN site (JCAHO, LD2.270)	0	1	2	N/A	_____
6	The CSSN has facility/building security measures in place to limit access to protected areas	0	1	2	N/A	_____

Total Score for Safety/Environment of Care

0 = Non-Compliance
1 = Partial Compliance
2 = Full Compliance
N/A = Non-Applicable

HUMAN RESOURCES

(JCAHO HR.1.10-1.30; DCH Contract)

1	Staff competencies are assessed, demonstrated, and maintained (JCAHO hr1.20, 1.30)	0	1	2	N/A	_____
2	Certification of staff licensure is verified (JCAHO hr1.2)	0	1	2	N/A	_____
3	There is a process for ensuring that staff training is up-to-date, based on CSSN training requirements (JCAHO hr1.30)	0	1	2	N/A	_____
3a	All ACT staff have had ACT 101 training (DCH)	0	1	2	N/A	_____
3b	All children's services staff have had children's services training (DCH)	0	1	2	N/A	_____
4	CSSN training requirements include a required cultural competency training	0	1	2	N/A	_____
5	CSSN training requirements include a required Limited English Proficiency training (DCH)	0	1	2	N/A	_____
6	Background checks are conducted on new hires (DCH)	0	1	2	N/A	_____

Total Score for Human Resources

NETWORK MANAGEMENT

(*CSSN Contract, 42CFR438.12; 438.206; 438.207; 438.214, JCAHO LD standards)*

1	There is evidence that the CSSN Board approves contracts (CSSN contract; JCAHO ld1.40)	0	1	2	N/A	_____
2	There is evidence of communication with providers (re: changes in policies, changes in rates, etc) (DCH contract; JCAHO LD 1.40)	0	1	2	N/A	_____
8	Practice guidelines are made available to providers (BBA; JCAHO 5.10)	0	1	2	N/A	_____

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N/A = Non-Applicable

	The CSSN has a process to ensure that continuing care of consumers is not disrupted when altering or terminating contracts (JCAHO 3.70)	0	1	2	N/A	_____
11	The CSSN has procedures to address changes in the provider network that negatively affect consumers' access to care (DCH contract; JCAHO 3.60)	0	1	2	N/A	_____
12	The CSSN assures that services are accessible to consumers, taking into account travel time, availability of public transportation, etc (DCH; BBA; JCAHO 2.200/2.230)	0	1	2	N/A	_____
16	The CSSN's designated representative to the Regional Network Management Committee has attended at least 75% of the Committee's meetings in the past year (if the CSSN has more than 1 representative, at least 1 rep attended) (CSSN contract)	0	1	2	N/A	_____
	Total Score for Network Management					

GRIEVANCE AND APPEALS

(42CFR438400, 438.402, 438.404, 438.406;438.408; 438.410; 438.414; 438.416; 438.420.; DCH Contract including attachment P.6.3.2.1; JCAHO – RI.4.10
(The PIHP will use the tracer method; 20 charts will be reviewed)
Chart Reviews will be scored as:
3 = full compliance as 95% of charts; 2=partial compliance as at least 75% of charts; 1=non-compliance as less than 75% of charts (include % score in comments)

1	Notice of Appeal Rights	0	1	2	N/A	_____
1a	The correct notice was provided for denial of services during an initial request. (DCH Contract; Fed Mcaid law)	0	1	2	N/A	_____
1b	The correct notice was provided for denial of hospitalization	0	1	2	N/A	_____
1c	The correct notice was provided at the time of service authorization or reauthorization	0	1	2	N/A	_____
1d	The correct notice was provided for denial or limited authorization of a requested service by a current recipient	0	1	2	N/A	_____

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1e	The correct notice was provided at the time of person centered planning/treatment planning	0	1	2	N/A	_____
1f	The correct notice was provided at the time of suspension, reduction, or termination of services	0	1	2	N/A	_____
1g	The dates of the notice and the effective date of the adverse action are in compliance with state and federal requirements	0	1	2	N/A	_____
1h	The reason given for the adverse action was appropriate per state and federal requirements. (DCH Contract; Fed Mcaid law)	0	1	2	N/A	_____
1i	The correct notice was provided for denial of services during an initial request. (DCH Contract; Fed Mcaid law)	0	1	2	N/A	_____
2	There is a first response process to resolve problems	0	1	2	N/A	_____
3	There is a local Grievance process (DCH Contract; BBA)	0	1	2	N/A	_____
3a	The local Grievance process meets DCH requirements	0	1	2	N/A	_____
3b	The local Grievance process meets BBA requirements	0	1	2	N/A	_____
3c	There is a process for expedited grievances that meets state and federal requirements (DCH Contract; BBA)	0	1	2	N/A	_____
4	There is a Local Dispute Resolution Process (DCH Contract)	0	1	2	N/A	_____
5	There is a process for expedited appeals that meets state and federal requirements (DCH Contract; BBA)	0	1	2	N/A	_____
6	There is an identified local G&A Coordinator (CSSN contract)	0	1	2	N/A	_____
7	The CSSN's designated representative to the Regional Grievance and Appeals Committee has attended at least 75% of the Committee's meetings in the past year (CSSN contract)	0	1	2	N/A	_____

Total Score for Grievance & Appeals

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1 = Partial Compliance
2 = Full Compliance
N/A = Non-Applicable

CLINICAL PRACTICES

(42CFR438.208 (BBA) and JCAHO CC.1.10-7.10, and JCAHO PS.1.10-3.10)

(The tracer method will be used; ____ mental health charts were reviewed)

Chart Reviews will be scored as:
3 = full compliance as 95% of charts; 2=partial compliance as 75% of charts; 1=non-compliance as less than 75% of charts

		0	1	2	N/A	_____
1	There is evidence that 95% of charts reviewed demonstrate that the consumer received a face-to-face meeting with a professional for an assessment within 14 calendar days of a non-emergency request for service (DCH contract)	0	1	2	N/A	_____
2	At least 95% of charts reviewed demonstrate that the consumer began at least one ongoing service within 14 calendar days of a non-emergent assessment with a professional (DCH contract)	0	1	2	N/A	_____
2a	If the above access standards have not been met during the previous year, the CSSN has taken steps to improve the process	0	1	2	N/A	_____
3	There is evidence that the regionally determined screening forms for a co-occurring disorder (MISF and UNCOPE) were used in at least 95% of the assessments reviewed	0	1	2	N/A	_____
4	*There is evidence in 95% of charts reviewed:*					
4a	That the consumer was asked if he/she has an advance directive (BBA; DCH)	0	1	2	N/A	_____
4b	That the consumer was offered information regarding Advanced Directives (BBA; DCH)	0	1	2	N/A	_____
4c	That, if a consumer has an advanced directive, it is noted in the chart (BBA)	0	1	2	N/A	_____
4d	That the Release of Information forms in the chart are completely filled out (HIPPA)	0	1	2	N/A	_____

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4e	That the Release of Information forms in the chart are current (HIPPA)	0	1	2	N/A	_____
5	There is evidence that an accounting of disclosures is logged (MHC; HIPAA)	0	1	2	N/A	_____
6	There is evidence in 95% of charts reviewed that there is a mechanism for identifying a consumers eligibility for services.	0	1	2	N/A	_____
7	There is evidence in 95% of charts reviewed that there is a method of assessing the scope of service a consumer is eligible for.	0	1	2	N/A	_____
8	There is evidence in 95% of charts reviewed that there is a plan in place for consumers that identifies the method in which services will be delivered.	0	1	2	N/A	_____
9	There is evidence in 95% of charts reviewed that there is coordination between primary care physicians and the CMH agency.	0	1	2	N/A	_____
10.	There is evidence of processes used to determine specialty health care needs for consumers.	0	1	2	N/A	_____

Total Score for Clinical Practices

DIRECT-OPERATED GROUP HOMES

		0	1	2	N/A	_____
1	The CSSN has copies of a current AFC License for all homes	0	1	2	N/A	_____
2	The CSSN has copies of the specialized certification for all homes	0	1	2	N/A	_____
3	The CSSN has a local audit process for all homes	0	1	2	N/A	_____
4	There is evidence that the CSSN monitors group home direct care staff training	0	1	2	N/A	_____

Total Score for Direct-Operated Homes