

☒ OK To Use

AUDIT NAME

FY26 NMRE Monitoring: CMHSP Clinical Chart Review (on site)

PASSING %

☒ Consumer linked to this audit☐ Staff Audit

SECTIONS			
Section			
NUMBERTITLE			
1	Assessment		
SECTION QUESTIONS			
Questions			
1	Is there a copy of the Initial Assessment (if open for less than one year_ or timely annual Re-Assessment (if open for more than one year) in the file? If this is an updated assessment, was information updated? • Annual LOCUS / WHODAS 2 • Nursing Assessment/Medical Information • CAFAS? MichiCANS for children with SED (intake & annual &/or at discharge. • PECFAS • DECA	Mixed	N/A
2	The annual assessment was completed prior to the plan of service, or there is adequate evidence to support why it was done on the same day.	Mixed	N/A
3	Is there evidence in the assessment that consumer's substance use was evaluated (current and history)?	Mixed	N/A
4	Assessment reflects input and coordination with others involved in treatment.	Mixed	N/A
5	Are recommendations contained in the Assessment(s) addressed in the plan of service? (including co-occurring)	Mixed	N/A
6	Current physical health conditions are identified.	Mixed	N/A
7	History of trauma is screened for and identified (abuse, neglect, violence, or other sources of trauma)?	Mixed	N/A
8	Safety/risk issues of harm to self or others or by others are assessed in all life domains • Behavioral Functional Assessment – SIB (self-injurious behavior) or HO (harm others) • Assault and Battery	Mixed	N/A

• Domestic Violence

SECTION QUESTIONS

Questions

NUMBERTITLE

2 Pre-Planning

SECTION QUESTIONS

Questions

1	Was there a pre-plan document or documentation evidenced in the record	Mixed	N/A
2	<p>Did pre-planning occur prior to Person-Centered Planning meeting or the development of a plan?</p> <p>• If done on same day, documentation reflects reasoning and/or client's request.</p> <p>Reviewer's Guide: Was sufficient time given to take all needed actions (e.g. invite desired participants)? If the pre-plan occurred same day as planning meeting, is there documentation as to why?</p>	Mixed	N/A
3	Pre-plan document contains offer of independent facilitation and consumer's response.	Mixed	N/A
4	<p>Pre-planning addressed when and where the meeting will be held.</p> <p>Reviewer's Guide: Preplan documentation includes decision for when & where meeting is held. If preplan occurs same day as planning meeting, is there justification for why, i.e. consumer requested the preplan occur same day as meeting.</p>	Mixed	N/A
5	<p>Pre-planning addressed who will be invited to IPOS meeting (including whether the person has allies who can provide desired meaningful support or if actions need to be taken to cultivate such support).</p> <p>Reviewer's Guide: were all relevant parties invited and/or considered for the meeting, i.e. doctor/nurse/psychiatrist/etc. If any party was not included/invited, is there documentation to justify reasoning, i.e. CM collected information on behalf of</p>	Mixed	N/A

6	Are the consumer's opportunities to express their needs, dreams, desires, preferences & meaningful choices documented within the pre-plan?	Mixed	N/A
7	Pre-planning addressed what accommodations the person may need to meaningfully participate in the meeting (including assistance for individuals who use behavior as communication). Reviewer's Guide: Pre-plan includes documentation of what will and/or will not be discussed.	Mixed	N/A
8	Pre-planning identified any potential conflicts of interest or potential disagreements that may arise during the IPOS for participants in the planning process and making a plan for how to deal with them. Reviewer's Guide: Preplan includes documentation of what will and/or will not be discussed.	Mixed	N/A
9	There is evidence that the consumer has been offered the option of self-determination (if answer yes is this reflected in the IPOS).	Mixed	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

3 Individual Plan of Service

SECTION QUESTIONS			
Questions			
1	There is a current (within 365 days of previous plan) IPOS in the record.	Mixed	N/A
2	The IPOS must be prepared in person-first language and can be understandable by the person with a minimum of clinical jargon or language.	Mixed	N/A
3	The IPOS includes the following components described below: A description of the individual's strengths, abilities, plans, hopes, interests, preferences and natural supports.	Mixed	N/A
4	The goals and outcomes identified by the person and how progress toward achieving those outcomes will be measured. (strategies and interventions).	Mixed	N/A

5	Goals are clearly stated, and objectives are measurable. (specific observable changes in behavior, skills, attitudes, or circumstances)	Mixed	N/A
6	Specific supports and services are identified within the Plan of Service with the amount, scope, and duration are clearly indicated. (No utilizations of ranges for services per MDHHS)	Mixed	N/A
7	If there is evidence of aggressive, self-injurious or other challenging behaviors, there is a behavior treatment plan in place to support the consumer.	Mixed	N/A
8	Services and treatment identified in the individual plan of service are provided (not over/under) as specified in the plan.	Mixed	N/A
9	<p>The setting in which the person lives was chosen by the person and what alternative living settings were considered by the person. The chosen setting must be integrated in and support full access to the community, including opportunities to seek employment in integrated settings, engage in community life, control person resources, and receive services in the community to the same degree of access as individuals not receiving services and supports from the mental health system.</p> <p>Reviewer Guide: Was the consumer able to choose the setting? If no, is there justification as to why, e.g. no homes that can accommodate individual's needs, etc. Reviewer would know what to look for via assessment documentation. Assessment should include current residence, any changes to residence, reason for change(s), etc. Setting should meet consumer's wants/needs and/or CMHSP should work with consumer on alternative options.</p>	Mixed	N/A
10	<p>There is documentation of any restriction or modification of additional conditions & documentation includes:</p> <ol style="list-style-type: none"> 1. The specific & individualized assessed health or safety need. 2. The positive interventions and supports used prior to any modifications or additions to the PCP regarding health or safety needs. 	Mixed	N/A

	<p>3. Documentation of less intrusive methods of meeting the needs, that have been tried, but were not successful.</p> <p>4. A clear description of the condition that is directly proportionate to the specific assessed health or safety need.</p> <p>5. A regular collection and review of data to measure the ongoing effectiveness of the modification.</p> <p>6. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</p> <p>7. Informed consent of the person to the proposed modification.</p> <p>8. An assurance that the modification itself will not cause harm to the person.</p>		
11	<p>IPOS lists the services which the person chooses to obtain through arrangements that support self-determination.</p> <p>Reviewer: Complete SD tab if yes.</p>	Mixed	N/A
12	If community living skills have been authorized, goals & objectives contain specific skills to be developed.	Mixed	N/A
13	Individual was provided opportunity to develop crisis plan documented within the IPOS (if applicable).	Mixed	N/A
14	Signature of the person and/or representative, his or her case manager or support coordinator, and the support broker/agent (if one is involved) is captured.	Mixed	N/A
15	The estimated/prospective cost of services and supports authorized by the CMHSP is provided to beneficiary and/or their guardian.	Mixed	N/A
16	There is evidence enrollee has been informed of their right to choose among providers.	Mixed	N/A
17	Individual POS incorporates the principles of empowerment, community inclusion, health and safety assurances, and the use of natural supports.	Mixed	N/A
18	If Personal Care/support Services are authorized, they include a listing of specific skills within goals & objectives (prescription for personal care is attached to the IPOS).	Mixed	N/A
19	If applicable, there is evidence documented that CMH staff or writer of the plan has trained designated staff at the provider level on the IPOS.	Mixed	N/A

	(Documentation includes CSM credentials or writer of plan and credentials, who was trained with legible signature, date of training, topic of training)		
20	For children's services: The plan is family-driven, and youth guided.	Mixed	N/A
21	Was a copy of the Individual Plan of Service offered to consumer/ guardian within 15 business days?	Mixed	N/A

SECTION QUESTIONS

Questions

NUMBER TITLE

4 Reviews of Plan of Service

SECTION QUESTIONS

Questions

1	Reviews of the Plan of Service are occurring at the frequency established in the Plan.	Mixed	N/A
2	Reviews include documented progress towards goals/ objectives.	Mixed	N/A
3	Reviews & Updates to POS is based on documentation within the record addressing changes in needs and/or circumstances.	Mixed	N/A
4	If Applicable, there is documented evidence of request for additional services.	Mixed	N/A
5	Consumer has ongoing opportunities to provide feedback on satisfaction with treatment, services, and progress towards valued outcomes?	Mixed	N/A

SECTION QUESTIONS

Questions

NUMBER TITLE

5 Health and Safety/Coordination of Primary Care Physician

SECTION QUESTIONS

Questions

1	There is evidence that Health & Safety issues documented in the assessment are implemented according to the IPOS.	Mixed	N/A
2	Medication consent forms were filled out completely, signed by appropriate medical provider and beneficiary, and include revocation verbally or in writing at any time.	Mixed	N/A
3	Informed medication consents for all CMH prescribed medications are present in the record.	Mixed	N/A

4	The CMHSP encourages all beneficiaries eligible for specialty MH services to receive a physical health assessment including identification of the primary healthcare provider, medication history, identification of current and past physical health care needs and referrals for appropriate services.	Mixed	N/A
5	As authorized by the consumer, the CMHSP includes the results of any physical health care findings that relate to the delivery of specialty mental health services and supports in the person-centered plan. *All medications prescribed by all physicians	Mixed	N/A
6	Is there evidence of coordination with Primary Care Physician in the record? If not, is there evidence of referral to a PCP? If client declined referral, is there documentation of client decline? *medication reviews *psychiatric evaluation summary	Mixed	N/A
7	Are current health care providers are identified in client chart?	Mixed	N/A
8	Is there evidence of outreach activities following missed appointments?	Mixed	N/A
9	The CMHSP will ensure that a basic health care screening, including height, weight, blood pressure, and blood glucose levels is performed on individuals who have not visited a primary care physician, even after encouragement, for more than 12 months. Health conditions identified through screening should be brought to the attention of the individual along with information about the need for intervention and how to obtain it.	Mixed	N/A
10	There is a psychiatric evaluation in the record for consumer receiving CMH prescribed psychotropic medications	Mixed	N/A
11	If there are any medications being prescribed for purposes considered "off-label" with no corresponding mental health diagnosis, then there is behavioral treatment plan in place and/or adequate medical documentation for the medication use.	Mixed	N/A

SECTION QUESTIONS

Questions

NUMBER/TITLE

6 Consent/Enrollee Rights and Protections

SECTION QUESTIONS

Questions

1	Consent for Treatment/Service Agreement document (s) are current (within 12 months) and signed by consumer/guardian.	Mixed	N/A
2	Fee Agreement document (s) are current (within 12 months) and signed by Consumer/guardian.	Mixed	N/A
3	Consumer was provided written information related to Recipient Rights?	Mixed	N/A
4	Consumer was informed of Informal Conflict Resolution	Mixed	N/A
5	Consumer was given accurate and timely information about the Grievance and Appeal Process?	Mixed	N/A
6	Individuals are provided Notice of Adverse Benefit Determination (adequate notice) at the time of the plan of service meeting, or whenever the IPOS and or services are changed or updated.	Mixed	N/A
7	If services were reduced, suspended, or terminated outside of the IPOS planning process, the consumer was provided Advance Notice at least 10 calendar days prior to the proposed date the ABD takes effect.	Mixed	N/A
8	It is documented in a prominent part of the clinical record whether or not the consumer has executed an advanced directive.	Mixed	N/A
9	If substance abuse/co-occurring services were provided, the release of information indicates consumer's specific consent (or lack of it) to release such information.	Mixed	N/A
10	If there is a dispute with the IPOS that has been developed using the Person-Centered Planning Process, individuals have the right to the Grievance and Appeal Process, as outlined in the MDHHS Policy (Appeal and Grievance Resolution). Individuals also have rights to mediation as defined in the "Mediation in Mental Health Dispute Technical Requirement"	Mixed	N/A

SECTION QUESTIONS

Questions

NUMBER/TITLE

7 Specific Service Requirements

SECTION QUESTIONS

Questions

1	Is there a physician prescription or referral for each specialized service (Physical Therapy, Occupational Therapy, Speech Therapy, etc.)	Mixed	N/A
2	Is there direct access to a specialist, as appropriate for the individual's health care condition.	Mixed	N/A

SECTION QUESTIONS

Questions

NUMBER/TITLE

8 Specific Service Requirements- Assertive Community Treatment

SECTION QUESTIONS

Questions

1	ACT services are provided to consumer by all members of a mobile, multi-disciplinary team (all team members see consumer unless there is a clinical reason to do otherwise and it is appropriately documented).	Mixed	N/A
2	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	Mixed	N/A

SECTION QUESTIONS

Questions

NUMBER/TITLE

9 Specific Service Requirements- Self Determination

SECTION QUESTIONS

Questions

1	The individual budget and the arrangements that support self-determination are included as part of the person-centered planning process.	Mixed	N/A
2	Individual who has arrangements that supports self-determination has a Self-Determination Agreement that complies with the requirements.	Mixed	N/A
4	A copy of the SD Budget is available in client's chart.	Mixed	N/A

Guidance: Copy of Budget is considered evidence of compliance.

5	There is a copy of the SD Agreement available in client's chart.	Mixed	N/A
6	There is evidence that individual has assistance selecting, employing, and directing & retaining qualified providers. Guidance: Review file for evidence of hiring own staff for providers or agency with choice model; education materials/ training materials provided; etc.	Mixed	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

10 Specific Service Requirements- ABA Therapy Services

SECTION QUESTIONS

Questions			
1	The preplan document contains a statement that the parents/ guardians understand how to report abuse and neglect.	Mixed	N/A
2	Cognitive testing (Wechsler, DASII, and Mullen) has been completed within the first 3 months of treatment	Mixed	N/A
3	The adaptive behavior assessment (VABS-2 interview) has been administered at the time of the cognitive testing.	Mixed	N/A
4	An adaptive behavior assessment has been completed at intake and/or within 12 months.	Mixed	N/A
5	Beneficiaries IPOS addresses the needs. A. As part of the IPOS, there is a comprehensive individualized ABA behavioral plan of care that includes specific targeted behaviors for improvement, along with measurable, achievable, and realistic goals for improvement.	Mixed	N/A
6	Beneficiaries ongoing determination of level of service (every six months) has evidence of measurable and ongoing improvement in targeted behaviors as demonstrated	Mixed	N/A
7	Beneficiaries IPOS are reviewed as indicated in the Plan, adjusting the service level and setting(s) to meet the child's changing needs.	Mixed	N/A

9	Observation Ratio: Number of Hours of ABA observation during a quarter are > to 10% of the total service provided.	Mixed	N/A
10	There is evidence that ABA aides have been trained on the child's IPOS.	Mixed	N/A
11	The assigned individual overseeing the IPOS does not provide any ABA services.	Mixed	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

11 HSW Waiver Beneficiaries: Chart Review FY26

SECTION QUESTIONS

Questions

1	If Waiver enrollee receives Environmental Modifications or Equipment, the PIHP/ CMHSP has implemented prior authorizations in accordance with process.	Mixed	N/A
2	Individual had an ability to choose among various waiver services. (HSW PM D-10)	Mixed	N/A
3	Individual had an ability to choose their providers. (provider of choice)	Mixed	N/A
4	Specific services and supports that align with the individual's assessed needs, including measurable goals/objectives, the amount, scope, and duration of services, and time frame for implementing are identified in the IPOS.	Mixed	N/A
7	Enrollee in habilitation supports waiver is certified and/ or re-certified annually & this certification form must be in the individual's record.	Mixed	N/A
8	Enrollee in habilitation supports waiver must have a current consent on file (consent on waiver certification form last 3 years).	Mixed	N/A

SECTION QUESTIONS

Questions

9	PCP process included advising waiver recipients/families of IF and SD arrangements.	Mixed	N/A
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NUMBERTITLE

12 SED Waiver Beneficiaries: Chart Review FY26

SECTION QUESTIONS

Questions			
1	CMHSP has a process to prior authorize all SED services.	Mixed	N/A
2	Level of Care evaluations are completed on ongoing basis.	Mixed	N/A
3	The strategies identified in the IPOS are adequate to address assessed health and safety needs, including coordination with primary care provider	Mixed	N/A
4	Physician-signed prescriptions for OT, PT, services are in the file and include a date, diagnosis, specific service or item description, start date and the amount or length of time the service is needed	Mixed	N/A

SECTION QUESTIONS			
Questions			
5	Parent was informed of right to choose among qualified providers.	Mixed	N/A
6	Parent was informed of their right to choose among the various waiver services.	Mixed	N/A
6	PCP process included advising waiver recipients/families of IF and SD arrangements.	Mixed	N/A
7	The IPOS is developed through a person-centered process that is consistent with Family-Driven, Youth-Guided Practice and Person-Centered Planning Policy Practice Guidelines.	Mixed	N/A

NUMBERTITLE

13 CWP Waiver Beneficiaries: Chart Review FY26

SECTION QUESTIONS			
Questions			
1	CMHSP has a process to prior authorize all CWP services.	Mixed	N/A
2	Child is diagnosed with developmental disability 1. Three or more areas of substantial functional limitations are identified. Within the last 12 months, assessments have been completed and/or supporting documentation obtained that reflect all of the consumer's current functional abilities and any current substantial functional limitations identified in the areas of self-care, understanding and use of language (expressive and receptive), learning (functional academics), mobility, and self-direction. For consumers age 16 and older, functional abilities and	Mixed	N/A

	engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.		
2	Documentation shows that providers who are responsible to implement individuals' IPOS are in-serviced/trained on the IPOS prior to implementation/start date of the IPOS.	Mixed	N/A
3	Staff providing HCBS services to this beneficiary completed HCBS Training Modules.	Mixed	N/A
4	Documentation shows that the setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Mixed	N/A
5	IPOS includes documentation of a detailed discussion of goals and outcomes specific to the opportunity to develop skills that will allow movement into a less restrictive setting whenever possible.	Mixed	N/A
6	Documentation shows meaningful community-based activities that align with individuals expressed interests, offered no less than two times per week. The provider is responsible for ensuring that selected outings are meaningful to the individual.	Mixed	N/A
7	Chart contains documentation of alternative services and/or supports are considered but not chosen.	Mixed	N/A
8	Documentation shows that the setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Mixed	N/A
9	If residing in residential setting: Summary of resident's rights is in the record, and it is signed.	Mixed	N/A
10	Documented modifications are supported by a specific assessed need and justified in the person-centered service plan.	Mixed	N/A

11	If restrictions/modifications are present: BTP is consistent with the reported HCBS compliant restrictions/modifications in the IPOS.	Mixed	N/A
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NUMBER/TITLE

15 Specific Service Requirements- Home Based Services

SECTION QUESTIONS			
Questions			
1	Services are provided in the family home or community to an expected/acceptable frequency.	Mixed	N/A
2	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).	Mixed	N/A
3	Authorization for home-based services meets assessed and on-going needs (more than 12 weeks).	Mixed	N/A

SECTION QUESTIONS			
Questions			

NUMBER/TITLE

16 1915 (i) SPA

SECTION QUESTIONS			
Questions			
1	Beneficiary receiving 1915 (i) SPA services is enrolled into ISPA WSA.	Mixed	N/A
2	CMHSP has a process to capture those who receive ISPA services in order to enroll them into WSA for MDHHS approval.	Mixed	N/A
3	Individual receiving ISPA service was informed of their right to choose among PROVIDERS.	Mixed	N/A
4	Individual receiving ISPA services was informed of their right to choose among SERVICES.	Mixed	N/A
5	The record reviewed reflected evidence that the instruments and tools were appropriately applied to determine eligibility of 1915(i) SPA services.	Mixed	N/A

SECTION QUESTIONS			
Questions			
6	PCP process includes advising waiver recipients/families of IF and SD arrangements.	Mixed	N/A

NUMBER/TITLE

17 Discharge/Transfers

SECTION QUESTIONS			
Questions			
1	For closed cases, was the discharge summary/transfer completed in a timely manner? (consistent with CMSHP policy)	Mixed	N/A
2	Does the discharge/transfer documentation include: a. Statement of the reason for discharge; and Individual's status /condition at discharge	Mixed	N/A
3	Does the discharge record include a plan for re-admission to services if necessary?	Mixed	N/A
4	Does the documentation include: a. Recommendations; b. Referrals; and c. Follow up contacts *Please note potential health & safety issues for non-coordination of care.	Mixed	N/A

SECTION QUESTIONS			
Questions			

SECTIONS

Section