

☒ OK To Use

AUDIT NAME

FY26 NMRE Monitoring: Program Specific Standards (desk)

PASSING %

☐ Consumer linked to this audit☐ Staff Audit

SECTIONS			
Section			
NUMBER	TITLE		
1	Assertive Community Treatment (ACT)		
SECTION QUESTIONS			
Questions			
1	ACT services are provided by all members of a mobile, multi-disciplinary team (all team members see all consumers unless there is a clinical reason to do otherwise).	Mixed	N/A
2	ACT team includes one physician, one health care professional, one RN, non-professionals supervised by one of the above and supervision documented in the record.	Mixed	N/A
3	ACT Team Leader Qualifications: <ul style="list-style-type: none">• Master's Level• QMHP or MHP• Appropriate licensure/ certification to provide clinical supervision• At least 2 of years post-degree clinical experience with adults with serious MI	Mixed	N/A
4	ACT Case Manager Qualifications: <ul style="list-style-type: none">• Minimum bachelor's degree (Appropriate Licensure and Field)• At least 1 year of experience with Adults with MI• QMHP	Mixed	N/A
5	If the ACT team provides substance use disorder services, there must be a designated Substance Abuse Treatment Specialist who has one or more credentials through the Michigan Certification Board of Addiction Professionals (MCBAP). If the ACT team provides co-occurring treatment or substance use disorder treatment, the Organization must have a substance use disorder treatment license issued by the State of Michigan.	Mixed	N/A

6	ACT team is sufficient in number to provide an intensive service array 24/7 and team size is based on a staff to consumer ratio of not more than 1:10	Mixed	N/A
7	Team meetings are held Monday - Friday and documented, including attendees and consumers discussed. Psychiatrist, Physician and/or Nurse Practitioner participates in ACT team meetings at least weekly.	Mixed	N/A
8	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
9	All ACT team staff members must have a basic knowledge of programs and principles acquired through ACT specific training.	Mixed	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

2 Self-Determination

SECTION QUESTIONS

Questions

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. • Individuals receive information about self-determination and the manner in which it may be accessed and applied is provided to each consumer. • The individual budget and the arrangements that support self-determination are included as part of the person-centered planning process. • Each individual participating in arrangements that support self-determination has a Self-Determination Agreement that complies with the requirements. • 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.	Mixed	N/A
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2	Each CMHSP has a contract with at least one Fiscal Intermediary (FI)/ Financial Management Services (FMS).	Mixed	N/A
3	Each CMHSP has procedures in place for assuring that fiscal intermediaries/ financial management services meet the minimum requirements.	Mixed	N/A
4	The CMHSP has a process for handling both voluntary and involuntary termination of a Self-Determination Agreements.	Mixed	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

3 Home-Based Services

SECTION QUESTIONS

Questions

1	Responsibility for directing, coordinating, and supervising the staff/program are assigned to a specific staff position.	Mixed	N/A
2	The worker-to-family ratio meets the 1:12 requirements established in the Medicaid Provider Manual. For families transitioning out of home-based services, the maximum ratio is 1:15 (12 active, 3 transitioning).	Mixed	N/A
3	Home Based Staff have QIDP credentialing when needed	Mixed	N/A
4	If paraprofessionals are assigned to HB program, there is evidence that they are trained on treatment plan goals and under the supervision of relevant professionals.	Mixed	N/A
5	Home-based programs serving infants/toddlers (birth through 3 y/o) and their families, staff must be trained in infant mental health interventions.	Mixed	N/A
6	HB staff must receive weekly clinical supervision that is documented.	Mixed	N/A
7	The organization has policy/ procedures in place that support providing a comprehensive crisis/ safety training curriculum that is required for all HB services staff that includes de-escalation skills among other relevant trainings.	Mixed	N/A
8	Crisis Intervention services must be available 24/7 via HB or agency on-call staff.	Mixed	N/A

9	6.9- On-call staff have access to information about any impending crisis situations and family crisis/ safety plans.	Mixed	N/A
10	Home based services are provided in the family home or community.	Mixed	N/A
11	Home based Supervisor Qualifications: • QMHP • Child mental health professional with at least 3 years of clinical experience	Mixed	N/A

SECTION QUESTIONS			
Questions			
12	Program is certified by MDHHS.	Mixed	N/A

NUMBERTITLE

4 Clubhouse Psycho-Social Rehabilitation

SECTION QUESTIONS			
Questions			
1	Program is approved by MDHHS to provide Psycho-Social Rehabilitation Services. • Current Clubhouse International Accreditation	Mixed	N/A
2	Clubhouse members are adults with serious mental illness (medical necessity criteria) who wish to participate in the program and have identified psycho-social rehabilitation goals that can be achieved.	Mixed	N/A
3	Members have access to the clubhouse during times other than the ordered day, including evenings, weekends, and all holidays.	Mixed	N/A
4	The program has a schedule that identifies when program components occur.	Mixed	N/A
5	The program has an ordered day; vocational & educational support; member supports (outreach, self-help groups, sustaining personal entitlements, help locating community resources, and basic necessities); social opportunities that build personal, community and social competencies.	Mixed	N/A
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.	Mixed	N/A

7	Member choice and involvement shall be illustrated by: • Voluntary membership • Without time-limits • Supports/services not differentiated by diagnosis or level of functioning • Individual-determined schedule of attendance and choose a work unit that they will regularly participate in • Active engagement and support from staff • Reflects the beneficiary's preferences and needs • Formal and informal decision-making is a part of the clubhouse • Staff and members work side by side	Mixed	N/A
8	The PSR program has an on-site clubhouse manager who meets the qualifications identified in the Medicaid Provider Manual.	Mixed	N/A
9	Non-professional staff in the PSR program work under the documented supervision of a qualified professional.	Mixed	N/A
10	All Clubhouse staff must have a basic knowledge of the Clubhouse Model acquired through MDHHS approved Clubhouse-specific training within six months of hire, and then at least one MDHHS-approved Clubhouse specific training annually.	Mixed	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

5 Autism Benefit/Applied Behavioral Analysis

SECTION QUESTIONS

Questions

1	Development of IPOS is consistent with MDHHS policies and procedures against conflict of interest as evidenced by: A. IPOS is developed through a person-centered planning process; B. The assigned individual overseeing the development of the IPOS does not provide ABA services; C. The authorization of Behavioral Health Treatment (BHT) is performed by the Utilization Management unit.	Mixed	N/A
2	Beneficiaries BHT authorization was completed by Utilization Management (UM) staff who are free from conflict of interest as	Mixed	N/A

evidenced by documentation that the staff does not provide any other service to that beneficiary

SECTION QUESTIONS

Questions

NUMBERTITLE

6 Advanced Directives

SECTION QUESTIONS

Questions

1	The CMHSP has an advanced directives policy.	Mixed	N/A
2	The policy requires that there is documentation in a prominent part of the individual's current medical record as to whether or not the individual has executed an advanced directive.	Mixed	N/A
3	The CMHSP provides for education to its staff concerning its policies and procedures on advanced directives.	Mixed	N/A
4	Subcontracts, as applicable, contain advance directive requirements appropriate to the subcontract.	Mixed	N/A
5	The CMHSP provides all adult beneficiaries with written information on advance directives policies, including a description of applicable state law. This includes information on the beneficiary's right to make decisions concerning their medical care, including the right to accept or refuse treatment and the right to formulate advance directives.	Mixed	N/A
6	The information provided to adult beneficiaries must reflect changes in State law as soon as possible, but no later than 90 days after the effective date of the change.	Mixed	N/A
7	The CMHSP must inform individuals that Grievances concerning non-compliance with the Advance Directive requirements may be filled with Customer Services.	Mixed	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

7 Behavior Treatment

SECTION QUESTIONS

Questions			
1	THE CMHSP has policies/ procedures for intervening with individuals in MH system that exhibit seriously aggressive, self-injurious or other behaviors that place the individual or others at risk of harm.	Mixed	N/A
2	CMHSP has a committee to review and approve or disapprove any plans that proposed to use restrictive or intrusive interventions.	Mixed	N/A
3	<p>The composition of the Committee complies with the Technical Requirement: The Behavior Plan Review Committee is comprised of at least 3 individuals:</p> <ul style="list-style-type: none"> • one of whom should be a licensed physician/psychiatrist. • A representative of the Office of Recipients Rights shall be a non-voting, ex-officio member. • Board Certified Behavior Analyst or Licensed Behavior Analyst and/or One member should be a licensed psychologist as defined in Section 2.4 Staff Provider Qualifications <p>The Committee and Committee Chair are appointed by the CMHSP for a term of no more than two years. Members may be reappointed for consecutive terms.</p>	Mixed	N/A
4	The Committee maintains meeting minutes that comply with the Technical Requirement.	Mixed	N/A
5	Person Centered Plans with restrictive and intrusive techniques are accompanied by and include the approved behavior plan and special consent form from consumer or the parent/guardian prior to implementation of plan. Annual signed special consent.	Mixed	N/A
6	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.	Mixed	N/A
7	Each committee must establish a mechanism for expedited review of a proposed behavior treatment plan in emergent situations. "Expedited" means the plan is reviewed and approved in a short time frame such as 24 or 48 hours.	Mixed	N/A

8	The Committee effectively ensures that required behavior analysis and alternative methods have been pursued before approving any use of intrusive or restrictive techniques.	Mixed	N/A
9	The Committee reviews the continuing need for any approved procedures at least quarterly.	Mixed	N/A
10	The Committee arranges for an evaluation of the Committee's effectiveness by stakeholders, including individuals who had approved plans, as well as family members and advocates.	Mixed	N/A
11	<p>The CMHSP quarterly tracks and analyzes the use of all physical management, involvement of law enforcement, and the use of intrusive and restrictive interventions.</p> <ul style="list-style-type: none"> • Dates and numbers of interventions, • The settings (e.g. individual's home or work) where behaviors or interventions occurred. • Observations about any events, settings or factors that may have triggered the behavior. • Behaviors that initiated the techniques. • Documentation of analysis performed to determine the cause of the behaviors that precipitated the intervention • Description of positive behavioral supports used. • Behaviors that resulted in termination of the interventions • Length of time for each intervention • Staff development and training and supervisory guidance to reduce the use of these interventions. • Review and modification or development, if needed, of the individual's behavior plan. 	Mixed	N/A
12	Should physical management or use of law enforcement be used more than 3 times in a 30-day period the plan is revisited and modified accordingly if needed.	Mixed	N/A
13	<p>Behavior plans that are forwarded to the committee must be accompanied by:</p> <ul style="list-style-type: none"> • Results of assessment to rule out physical -medical and environment causes of the challenging behavior • A functional behavioral assessment 	Mixed	N/A

	<ul style="list-style-type: none"> • Results of inquiries about any medical, psychological or other factor that might put the individual subjected to intrusive or restrictive techniques at high risk of death injury or trauma. • Evidence of the kinds of positive supports or interventions, including amount scope and duration. • Evidence of continued efforts to review less restrictive options. • Peer reviewed literature or practice guidelines that support the proposed restrictive or intrusive intervention. • Reference to the literature should be included on new procedures, and where the intervention has limited or not support in the literature, why the plan is the best option available. The plan for monitoring and staff training to assure consistent implementation and documentation of the intervention(s). 		
14	<p>Each Behavior Treatment Plan has</p> <ul style="list-style-type: none"> • Goal-expected outcome of the Behavior Treatment Plan • Objectives –baseline and steps to achieving the behavior goal • Methodology-interventions implemented to decrease target behaviors, a schedule and /or timing and things to be done to increase additional adaptive behaviors. • Measurement-how the baseline will be established, what is being measured, and assessment of the impact of behavior treatment interventions on the individual. • Plan Review- frequency of reviewing collected data • Staff In-Service –who is responsible for training staff and when the plan will be implemented. Evidence of staff training/in-servicing of plan. <p>Staff Responsible- the CM who will implement and manage the plan.</p>	Mixed	N/A
15	<p>Regional review of the Quarterly BTRC report</p> <ul style="list-style-type: none"> • Local implementation of recommendations • Compliance with required reporting to contractor <p>Follow up to any unidentified elements (unknown)</p>	Mixed	N/A
16	Data on the use of the physical management must be analyzed by the Committee and the QOC.	Mixed	N/A

17	Injuries or deaths that occur from the issue of a behavioral intervention are reported to the Department as a sentinel event.	Mixed	N/A
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SECTION QUESTIONS

Questions

NUMBERTITLE

8 Fiscal Intermediary Monitoring/ Financial Management Services

SECTION QUESTIONS

Questions

1	CMHSP has at least one FI/FMS agency currently under contract	Mixed	N/A
2	FI/FMS Contract includes required function (fiscal accountability and employer agent) and other administrative functions.	Mixed	N/A
3	FI Contractor meets all qualifications: free from conflict of interest, meets competency standards,	Mixed	N/A
4	CMHSP has evidence of monitoring all FI/FMS entities at least annually a. Verification that FI/FMS is fulfilling contract requirements; b. Verification of demonstrated competency in safeguarding, managing and disbursing Medicaid and other public funds; c. Verification of indemnification and required insurance provides are current (CMHSP as current copies on file); d. Evaluation of feedback (experience and satisfaction) from individuals using FI/FMS services and other data from individuals (more than just mailed surveys); e. CMHS has audited a sample of individual budgets to compare authorizations vs. expenditures.	Mixed	N/A
5	CMHSP has evidence that fiscal accountability functions are completed.	Mixed	N/A
6	CMHSP has evidence that employer agent functions are completed.	Mixed	N/A
7	CMHSP has evidence that employment functions are completed by either FI/FMS or CMHSP (i.e. criminal background check, sanctioned providers verification, etc.)	Mixed	N/A

SECTION QUESTIONS

Questions

NUMBER TITLE

9 Home and Community Based Services

SECTION QUESTIONS

Questions

1	CMHSPs coordinate with providers and have assurances in place to ensure full and ongoing compliance with the HCBS Rule, including ensuring all rights and freedoms are met.	Mixed	N/A
2	CMHSPs ensures that the conflict of interest requirements of the HCBS Final Rule are met and that the person responsible for the PCP process is separate from the eligibility determination, assessment, and service provision responsibilities.	Mixed	N/A
3	If a restriction for a consumer is medically necessary, due to health and safety, modifications are addressed in the consumer's PCP/BTP and all requirements are followed and documented in consumer chart.	Mixed	N/A
4	CMHSPs support the transition of consumers receiving services in non-compliant settings to settings that offer services and supports compliant with the HCBS rule.	Mixed	N/A
5	Effective October 1, 2018, the CMHSP does not enter into new contracts with new providers or current provider, new setting unless the provider has obtained provisional approval status through completion of the HCBS Provisional Approval Application, demonstrating that the provider does not require heightened scrutiny.	Mixed	N/A
9	Each CMHSP will develop a process for establishing and monitoring standards regarding the availability and implementation of activities in licensed homes. Each CMHSP will ensure that consumer choice is inherent in the development and participation in community integration and productivity activities.	Mixed	N/A

SECTION QUESTIONS

Questions

6	CMHSPs have process in place to complete the following: administer the assessment process for new and existing providers, review and analyze	Mixed	N/A
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data collected from the assessment, notify providers of a need for corrective action (if required), develop a corrective action plan, ensure corrective action is implemented and monitor ongoing compliance. Contractor will develop a process to ensure settings are surveyed with a frequency identified by the State.

7	CMHSP must ensure that provisionally approved providers and beneficiaries receive the comprehensive HCBS assessment within 90 days of the beneficiaries' IPOS. CMHSP must ensure providers complete this assessment and subsequent remediation/validation processes in order to be eligible for HCBS funding.	Mixed	N/A
8	CMHSPs have process in place to verify that HCBS settings maintain a home and community character. CMHSP conduct a physical assessment of the setting annually and the comprehensive assessments at least once every two years to ensure that the setting remains home and community based.	Mixed	N/A

NUMBER/TITLE

10 Service Authorization Denials

SECTION QUESTIONS			
Questions			
1	Decisions to deny or authorize service in an amount, duration or scope that is less than requested are made by a health care professional who has the appropriate clinical expertise in treating the consumer's condition.	Mixed	N/A
2	Reasons for decisions are clearly documented and available to the recipient.	Mixed	N/A
3	The involved provider is informed verbally or in writing of the action if a service authorization request was denied or services were authorized in an amount, duration or scope that was less than requested.	Mixed	N/A
4	A second opinion from a qualified health care professional within or outside the network is available to consumers upon request, at no cost to the consumer.	Mixed	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

11 Children's Waiver Program

SECTION QUESTIONS

Questions

1	CMHSP has a process to prior authorize all services.	Mixed	N/A
4	Parent was informed of right to choose among qualified providers	Mixed	N/A
5	Parent was informed of their right to choose among the various waiver services.	Mixed	N/A
7	Physician-signed and dated prescriptions for locally authorized waiver durable medical equipment and supplies are in the file.	Mixed	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

12 SED Waiver

SECTION QUESTIONS

Questions

1	CMHSP has a process to prior authorize all services.	Mixed	N/A
2	The strategies identified in the IPOS are adequate to address assessed health and safety needs, including coordination with primary care provider	Mixed	N/A
3	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

4	Policy shows that beneficiaries have an ability to choose among various waiver services.	Mixed	N/A
5	Policy show that beneficiaries have an ability to choose their providers.	Mixed	N/A

NUMBERTITLE

13 HSW

SECTION QUESTIONS

Questions

SECTION QUESTIONS

Questions			
1	Policy shows that if a Waiver enrollee receives Environmental Modifications or Equipment, the PIHP has implemented prior authorizations in accordance with their process.	Mixed	N/A
2	Policy shows that beneficiaries have an ability to choose among various waiver services.	Mixed	N/A
3	Policy show that beneficiaries have an ability to choose their providers.	Mixed	N/A

SECTIONS	
Section	