

CMHAMM 2011 Delegation Grid

I. Customer Service

PIHP Delegated Activity	PIHP Assessment of Capacity and Capability Of CMHSP/CA	Ongoing Monitoring and Reporting Requirements	Annual Assessment of Functioning
			<p>For all delegated functions listed, if the annual assessment (or other incremental assessments via ongoing monitoring) indicates a failure by the CMHSP to meet PIHP standards for a delegated activity it will be referred to the Affiliation Compliance Administrator and the Affiliation Compliance Committee for review. For all delegated activities that do not meet the PIHP standards, corrective action will be required that may include a plan of correction.</p> <p>If the CMHSP does not take immediate action to correct the areas of non-compliance then sanctions may be imposed and persistent non-compliance with standards could lead to revocation of delegated activity and possible termination of contract.</p>
<p>Information Services: This component includes those information activities, brochures and material that pertain specifically to the CMHSP/CA's provider network: Evidence of the following standards must be provided:</p> <p>Materials must be provided in a manner and format that is easily understood.</p> <p>42CFR 438.10 (b) PIHP contract 6.3.3</p> <p>General orientation of new and potential consumers to the benefits (includes community at large) to requirements and benefits available from the CMHSP/CA.</p> <p>42 CFR 438.10(b)(7)</p>	<p>Each CMHSP will provide and keep current copies of enrollee informational material used.</p>	<p>Customer Service functions/issues and all customer service materials, new or revised, that relate to informational requirements will be reviewed during Affiliation QI workgroup and at Affiliation Consumer Advisory Committee meetings.</p>	<p>New/revised customer service information materials developed since the last on-site assessment will be reviewed during the Annual PIHP Assessment.</p>

<p>Oral interpretation is available in any language.</p> <p>42CFR 438.10(c)(5)(i and ii) PIHP contract 6.3.3</p> <p>Develops and disseminates required information to enrollees and potential enrollees. Member handbook and rights materials are provided at intake and offered at least annually thereafter. Other materials may be offered as appropriate.</p> <p>42CFR 438.10(d)(1) PIHP contract 6.3.3</p> <p>Written materials are available in alternative formats to accommodate special needs (e.g. visually impaired, or LEP). 42CFR 438.10(d)(1)(ii) PIHP contract 6.3.3</p> <p>Coordination of community and stakeholder input, dissemination of specialized information about PIHP benefit plans, accessing services, beneficiary (recipient) rights, grievance and appeals and second opinion processes, service providers and treatment and support practices.</p> <p>42CFR 438.10(d)(2) PIHP contract 6.3.3</p> <p>Enrollees are informed that written materials in alternative formats are available and how to access them 42CFR 438.10(d)(2)</p> <p>Written materials include information on required topics including:</p> <ul style="list-style-type: none"> Names, location, phone numbers and non-English languages spoken by providers. Rights and protections as included in “Appeal and Grievance Resolution Processes Technical Requirement”. Amount, scope, and duration of available benefits so 			
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<p>that enrollees understand benefits to which they are entitled.</p> <p>How to obtain benefits and after-hours crisis services.</p> <p>Information on the importance of identifying physical health problems early and accessing primary care services are made available to consumers. Opportunities for education on wellness and related topics are publicized as offered.</p> <p>42CFR 438.10 (e) PIHP contract 6.3.3</p>			
<p>Customer Services: This component includes: -Maintaining an office(s) of Enrollee Rights and Recipient Rights in compliance with federal and state statutes.</p> <p>- Local communication with consumers regarding the role and purpose of the PIHP's Customer Services and Recipient Rights Office.</p> <p>PIHP Attachment 6.3.3. MCL 330.1706</p> <p>Development of local activities designed to engage consumers, and other stakeholders, including members of the general public, in decision oriented activities throughout the CMHSP/CA, including its sub-panel provider network</p> <p>Training and orientation of customers, to participate actively in Advisory Groups, task forces, working committees.</p>	<p>CMHSP will submit their customer service procedures annually prior to the PIHP site visit.</p>	<p>CMHSP/CA will submit the results of their triennial MDCH Recipient Rights On-site Assessment to the PIHP within 30 days of receiving their written report. A copy of MDCH/ORR Acceptance of a required plan of correction will also be provided when applicable within 30 days of receipt.</p> <p>Information on local activities designed to engage consumers and the public will be shared with the QI workgroup.</p> <p>A summary of those activities will be provided with the annual report.</p>	<p>Annual PIHP Consumer Satisfaction Survey conducted.</p> <p>Results and recommendations presented to Governing Body, ACAC and QI Workgroup.</p>
<p>Customer Recipient Rights Complaint, Grievance and Appeals and Second Opinion Processes. Each CMHSP/CA shall be responsible for: Notification to both its staff and consumers of:</p> <p>-The PIHP's complaint, grievance and appeal, second opinion and recipient rights processes</p>	<p>Following completion of the triennial rights assessment by DCH-ORR, , the CMHSP/CA Rights officer will submit the a copy of the final report and acceptance of the plan of correction (if</p>	<p>Annual submission of Appeal/Grievance/Second Opinion Logs prior to annual PIHP site visit</p> <p>Sentinel Events: CMHSPs/CAs will notify the PIHP Director of Quality of</p>	<p>During annual PIHP site visit, review of a sample of second opinions, grievances, and local appeals is completed.</p> <p><u>Recipient Rights:</u> - Annual RR report to MDCH and PIHP Director of Quality.</p>

<p>-Application and implementation of the PIHP policies and procedures related Grievance & Appeals, Second Opinion and Recipient Rights Procedures</p> <p>Providing acknowledgement of grievance and appeals, Adequate and Advance Notice and disposition notices within timeframes specified by and according to PIHP Grievance and Appeals and Second Opinion Policy</p> <p>Documenting and reporting Denials, Grievance & Appeals, Recipient Rights Complaints, Second Opinion requests, Critical Incidents, and Sentinel Events.</p> <p>Documenting and reporting the dispositions of all Grievance & Appeals, Recipient Rights complaints, Second Opinions (where applicable), Critical Incidents, and Sentinel Events</p> <p>PIHP 6.3.3.1 PIHP 6.3.2.1</p>	<p>applicable) to the PIHP within 30 days of the closure of the process.</p>	<p>any sentinel event when identified. Notification will include all MDCH required data.</p> <p>The Director of Affiliation Operations will be notified of a sentinel event on the first business day following determination of the sentinel event.</p>	<p>- CMHSP will provide a copy of new Triennial On-Site Assessment Report plan of correction as applicable and notice of acceptance by MDCH when issued.</p>
<p>Information Requirements and Notices: The CMHSP shall provide the following information to all consumers:</p> <ul style="list-style-type: none"> - Names, locations, telephone numbers of, and non-English languages spoken by current sub-network providers in the consumer’s service area, including information at least on sub-panel providers and panel specialists when determined needed or requested. - Written notice of any change regarding the names, locations, telephone numbers of, and non-English languages spoken by current sub-network providers in the consumer’s service area, including information at least on sub-panel providers and panel specialists when determined needed or requested, at least 30 days before the intended effective date of change. -CMHSP shall make a good faith effort to give written notice of termination of a contracted provider (organizational) within 15 days after receipt or issuance of the termination notice, to each consumer who 	<p>Capacity and capability of meeting this requirement will be assessed through review of informational materials and verbal descriptions of the processes used to distribute the materials including timeframes.</p>	<p>The CMHSP/CA will describe how information requirements and notices are provided to consumers. This includes types of materials and when they are offered.</p>	<p>At annual PIHP site visit evidence of these informational activities will be reviewed</p> <p>Provider lists containing all required information will be maintained on each CMH web site and updated as needed.</p>

<p>received his or her services from the terminated provider.</p> <p>-Written notice of the law and a summary of the right to develop an advance directive at intake.</p> <p>PIHP contract attachment 6.3.3.1</p>			
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I. Customer Service

PIHP Retained Activity	Ongoing Monitoring and Reporting Requirements	Annual Assessment of Functioning
<p>Tracking, monitoring, trending and reviewing all Denial, Grievance and Appeals, Recipient Rights and Second Opinion data submitted by each local CMHSP/CA.</p> <p>PIHP contract attachment 6.3.2.1</p>	<p>Annual CMHSP/CA Grievance and Appeal Logs, and QI workgroup review</p>	<p>Each CMHSP/CA shall provide an oral report to the Affiliation QI workgroup with a summary of the grievances that occurred in the previous quarter. That data shall be reflected in the minutes.</p>
<p>The Affiliation Compliance Committee will review all audit results annually, or as needed to meet obligations of the PIHP.</p> <p>(Includes: Regular and annual review of the results of monitoring of delegated CMHSP/CA information system functions; If the regular and annual assessments (or other incremental assessments via ongoing monitoring) indicate failure on the part of the CMHSP/CA to meet PIHP policy and standards, with regard to the information systems management delegated activities, it will then be referred to the Affiliation Compliance Committee for review; Should the Compliance Committee ascertain that the CMHSP/CA is not complying satisfactorily with its delegated responsibilities, it will recommend corrective action; Should the CMHSP/CA not take timely action to correct the areas of non-compliance within the agreed upon timeframes, the PIHP Executive Director may then recommend revocation relative to this area of delegation to the PIHP Board of Directors.)</p>	<p>The Affiliation Compliance Committee will review all audit results annually and make recommendations to the Affiliation Compliance Administrator as needed.</p>	<p>Compliance Committee review of Annual audit results and timely submission of any requested Plans of Corrections.</p>

II. General Management

PIHP Delegated Activity	PIHP Assessment of Capacity and Capability Of CMHSP/CA	Ongoing Monitoring and Reporting Requirements	Annual Assessment of Functioning
			<p>For all delegated functions listed, if the annual assessment (or other incremental assessments via ongoing monitoring) indicates a failure by the CMHSP to meet PIHP standards for a delegated activity it will be referred to the Affiliation Compliance Administrator and the Affiliation Compliance Committee for review. For all delegated activities that do not meet the PIHP standards, corrective action will be required that may include a plan of correction.</p> <p>If the CMHSP does not take immediate action to correct the areas of non-compliance then sanctions may be imposed and persistent non-compliance with standards could lead to revocation of delegated activity and possible termination of contract.</p>
<p>Administrative support for delegated activities <u>1) 42 CFR</u> § 438.230 Subcontractual relationships and delegation states that the PIHP evaluates the prospective subcontractor's ability to perform the activities to be delegated.</p> <p><u>2) Mental Health Code</u> Section 330.1232b (3) states, "The department shall conduct an annual review of all community mental health services programs designated as specialty prepaid health plans to verify the declarations made by the community mental health services program and to monitor compliance with the standards promulgated for specialty prepaid health plans and with applicable federal regulations." Section 330.1205 states, "(5) In addition to other duties and responsibilities of a community mental health services program as set forth in this act, a community mental health authority shall do all of the following:..." (b) Be responsible for all executive administration, personnel administration, finance, accounting, and management information</p>	<p>A review of each CMHSP and CA's administrative capacity has been completed via organizational chart reviews. Operational adequacy has been confirmed through the Annual PIHP Site Reviews</p>	<p>Notification of substantial changes at CMHSPs are reported to the Director of Affiliation Operations (DAO) within 48hrs per CMHAMM Procedure 1.1</p>	<p>The DAO will monitor administrative capacity throughout the year and review/update this procedure on an annual basis and as needed.</p>

system functions. The authority may discharge this responsibility through direct staff or by contracting for services.”

3) PIHP/Affiliate Medicaid contract

EXHIBIT A

PROVIDER SERVICES AND RESPONSIBILITIES

B. Provider shall demonstrate continuous full competency and capacity to fulfill the responsibilities identified in this section...

Access, Utilization Management, Customer Services, Marketing Materials, Recipient Rights, Complaint Resolution Process, Consumer Grievance, Provider Network, Procurement Subcontracting,

Information Management System, Claims Management System, Quality Improvement, Performance Indicators and Objectives, Outcomes Management

Reporting, Utilization Management,

Provider Network, Information Systems, Finance, Quality Management; Appeals and Grievances, Enrollee Rights/Customer Services

4) MDCH/PIHP contract

6.0 PIHP ORGANIZATIONAL STRUCTURE AND ADMINISTRATIVE SERVICES

6.2 Administrative Personnel

The PIHP shall have sufficient administrative staff and organizational components to comply with the responsibilities reflected in this contract. The PIHP shall ensure that all staff has training, education, experience, licensing, or certification appropriate to their position and responsibilities.

The PIHP will provide written notification to MDCH of any changes in the following

senior management positions within seven (7) days:

- Administrator (Chief Executive Officer)
- Chief Operating Officer
- Medical Director and Clinical/Program Director(s)
- Chief Financial Officer
- Management Information System Director
- Customer Services Director
- Recipient Rights Officer

5) CMHAMM Procedure 1.1 – Purpose: To ensure that each CMHSP and CA has the administrative capacity to fulfill its obligation to perform functions delegated by the PIHP.

<p>Leadership and oversight at the local-level for such activities as:</p> <ul style="list-style-type: none"> - Access - Eligibility - Triage and Authorization - Utilization Management <p>1) <u>42 CFR § 438.230</u> Subcontractual relationships and delegation states that the PIHP evaluates the prospective subcontractor's ability to perform the activities to be delegated.</p> <p>2) <u>Mental Health Code</u> Section 330.1232b (3) states, “The department shall conduct an annual review of all community mental health services programs designated as specialty prepaid health plans to verify the declarations made by the community mental health services program and to monitor compliance with the standards promulgated for specialty prepaid health plans and with applicable federal regulations.”</p> <p>3) <u>PIHP/Affiliate Medicaid contract</u> Section IX. PROVIDER SERVICES AND RESPONSIBILITIES. A. Pursuant to the Medicaid subcapitation funding from the Payor, the Provider, as a Comprehensive Specialty Services Network (CSSN), shall perform or cause to be performed the Medicaid services specified in Exhibit A (PROVIDER SERVICES AND RESPONSIBILITIES), which is incorporated by reference into this Agreement and made a part hereof. B. For provision of the Medicaid services required hereunder, the parties hereto agree that the Provider, as a Comprehensive Specialty Services Network (CSSN), may direct operate and/or may subcontract with its own subcontractors as independent provider(s) of such services. However, any such subcontract shall not terminate the legal responsibility of the Provider to assure that all services required of it hereunder are fulfilled. XI. PROVIDER SERVICE ACCESS, PROVIDER PREAUTHORIZATIONS, AND PROVIDER UTILIZATION MANAGEMENT A. Pursuant to the Medicaid subcapitation funding as reimbursement from the Payor under this Agreement, the Provider, as a Comprehensive Specialty Services Network</p>	<p>A review of each CMHSP and CA’s administrative capacity has been completed via organizational chart reviews. Operational adequacy has been confirmed through the Annual PIHP Site Reviews</p>	<p>Notification of substantial changes at CMSHPs are reported to the DAO within 48hrs per CMHAMM Procedure 1.1</p>	<p>The DAO will monitor administrative capacity throughout the year and review/update this procedure on an annual basis and as needed.</p>
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<p>(CSSN), shall perform and be responsible for Provider service access assurance, service preauthorizations, services, and utilization management for Medicaid-eligibles in the Counties of Manistee and Benzie within the PIHP Medicaid specialty service area.</p> <p>B. All Medicaid services hereunder must meet the medical necessity requirements of and the duty to treat and referral requirements, access standards, and treatment deadlines of the Payor pursuant to this Agreement and the MDCH/PIHP Contract.</p> <p>C. Pursuant to the Medicaid subcapitation funding from the Payor, all Medicaid services required of the Provider under this Agreement must be authorized by its Chief Executive Officer (hereinafter referred to as the Provider's CEO) or his designated representative.</p> <p>4) CMHAMM Procedure 1.1 – § I. Purpose: To ensure that each CMHSP and CA has the administrative capacity to fulfill its obligation to perform functions delegated by the PIHP.</p>			
<p>Maintain local legal counsel with responsibility to notify PIHP of any and all possible litigation</p> <p>1) <u>PIHP/Affiliate Medicaid contract</u></p> <p>XXVII. LIABILITY AND FINANCIAL RISK.</p> <p>C. Each party to this Agreement must seek its own legal representative and bear its own costs including judgments in any litigation which may arise out of its activities to be carried out pursuant to its obligations hereunder. It is specifically understood and agreed that neither party will indemnify the other party in such litigation.</p>	<p>Names submitted of legal counsel.</p>	<p>Notification of changes and possible litigation at CMHSP/CA</p>	<p>Names submitted of legal counsel are reviewed annually to ensure that records are current.</p>
<p>Participate in reviews and audits of CMHAMM as appropriate</p> <p>1) <u>42 CFR</u></p> <p>§ 438.230 Subcontractual relationships and delegation states that the PIHP evaluates the prospective subcontractor's ability to perform the activities to be delegated.</p> <p>2) <u>PIHP/Affiliate Medicaid contract</u></p> <p>XVIII. PROGRAM AND FINANCIAL BOOKS, DOCUMENTS, AND RECORDS; AUDITS; REVIEWS; AND, PROGRAM/SERVICE EVALUATIONS.</p> <p>A. Each party hereto, the MDCH, and the State of Michigan or their designated representatives shall be allowed to review, copy,</p>	<p>Appointment of CMHSPs to Affiliation Compliance Committee ensures coordination of audit practices affiliation-wide.</p>	<p>Provision of CMHSP/CA data, plans of correction as indicated and staff participation as warranted.</p> <p>On-going participation in collaborative efforts between the PIHP and affiliates, on such projects as ARR & PPG development and review.</p>	<p>Annual review of PIHP Site Review procedure</p> <p>Annual review of collaborative projects.</p>

and/or audit all contract/financial records and license, accreditation, certification and program reports of the other party hereto and to review all program and clinical records of the other party hereto pertaining to performance of this Agreement, to the full extent permitted by applicable Federal and State laws. Said program, clinical, and contract/financial records and supporting documentation must be retained by each of the parties hereto and be available for such audit, review or evaluation purposes for seven (7) years after completion of this Agreement.

3) CMHAMM Procedure 1.7

§ III.

A. The Affiliation Compliance Administrator will coordinate with the PIHP staff reviewer and the CMHSP and CA Compliance Officer to schedule the PIHP site review. The audit will be scheduled a minimum of 20 business days in advance.

B. The Director of Affiliation Operations will communicate the date(s) each CMHSP/CA is scheduled for their site review directly to the Chief Executive Officer at each agency. This communication will indicate acceptance of the scheduled dates and participation in the PIHP annual review.

E. The Affiliation Compliance Administrator will review the audit report and send a copy of the report and any requested plans of correction to the appropriate CMHSP and CA Compliance Officer and Chief Executive Officer within 17 business days from the date the audit was completed. A copy of the final audit report will also be sent to the responsible PIHP staff reviewer.

F. The CMHSP and CA has 15 business days from the date the audit report is sent by the Affiliation Compliance Administrator to respond with a plan of correction to any compliance issue(s) cited within the audit report.

G. The CMHSP and CA Compliance Officer will send their response and any required plan of correction to the Affiliation Compliance Administrator.

H. The Affiliation Compliance Administrator will send the CMHSP or CA response/plan of correction (if needed) to the appropriate PIHP staff for review.

1. The PIHP staff recommends acceptance of the plan of correction as written.

-OR-

2. The PIHP staff requests additional information or changes to the submitted plan of correction.

<p><u>5) ARR</u> Relationship to Program Policy Guidelines states, “It is expected that as part of their environmental scan, PIHPs will work with their affiliate CMHSPs, as applicable, to aggregate and review that PPG data; and in response to the ARR, to develop and implement PIHP-wide plans that result in ongoing, measurable improvements which can assure the equity of opportunity and outcome across the CMHSPs making up the PIHP area.” Target Organizations and Populations section states, “The ARR targets PIHPs. Any CMHSPs that are affiliates, and substance abuse coordinating agencies (CAs), or networks and providers that provide Medicaid specialty supports and services to Medicaid beneficiaries are also subject to the environmental scans and the plans for improvement that will be managed by the PIHP.”</p>			
<p>CMHSP/CA participation in Affiliation Workgroups, as necessary <u>1) CMHAMM Procedure 1.2</u> § II. A. All Affiliate representatives will only participate in activities that address workgroup charges that are issued by the PIHP (through the direction of the Director of Affiliation Operations) or are agreed upon collaborative efforts (tasks) of Affiliates (through the direction of the Director of Affiliation Operations). § III. A. CMHAMM Workgroup membership is appointed by their respective CEO’s. Other staff from each CMHSP may attend workgroup meetings as the agendas dictate and a need is identified to have other staff present to offer guidance and information. In the case where more than one staff from a CMHSP attends a workgroup meeting, then that CMHSP will only have one member express that CMHSP’s standpoint in matters of decision making and recommendations.</p>	<p>Appointment of CMHSP Staff to workgroups and committees</p>	<p>Participate in CMHAMM workgroups as required by activities, documented through minutes</p>	<p>Affiliation Workgroups are attended by either the Director of Affiliation Operations or the Affiliation Compliance Administrator. Workgroup minutes are reviewed monthly by DAO and posted on the Affiliation Website.</p>
<p>CMHSP/CA participation in PIHP Advisory Council, as necessary <u>1) CMHAMM Procedure 1.8 - § IV.</u> A. Each Affiliate CMHSP may have up to 5 representatives on the ACAC. The Customer Service Representative (CSR) is a permanent member of the council and the CMHSP CEO/designee may appoint up to 4 additional members to the ACAC.</p>	<p>Appointment of members, facilitation of attendance by CMHSP/CA representative</p>	<p>Monthly minutes</p>	<p>Annual review of Affiliation Consumer Advisory Council procedure. Council meetings are attended by the Director of Affiliation Operations and the Affiliation Compliance Administrator acting as liaisons for the council. Workgroup minutes are reviewed monthly by DAO</p>

<p>2) <u>ARR</u> Environmental Scans states, “Environmental Scans for each of the eleven sections of the ARR are to be done by the PIHP with its stakeholders...”</p>			and posted on the Affiliation Website.
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II. General Management

PIHP Retained Activity	Ongoing Monitoring and Reporting Requirements	Annual Assessment of Functioning
<p>Activities to organize the affiliation governance and management structure</p> <p><u>1) CMHAMM Policy 1.0</u> Section III</p> <p>A. The Community Mental Health Authority of Clinton Eaton Ingham Counties will provide adequate staff to fulfill the required PIHP functions. The PIHP’s Executive Director will assure the development and maintenance of an administrative structure to assure compliance with regulations.</p> <p>B. The PIHP of CMHAMM will strive to ensure that all consumers served by CMHAMM receive quality services in accordance with the mission and values of the Affiliation.</p> <p>C. The PIHP of CMHAMM will develop, implement, and monitor the needed policies, procedures and formal activity plans.</p> <p>D. The PIHP of CMHAMM will establish operating practices that meet the requirements of 42CFR 438 Managed Care, the State of MI PIHP contract and related attachments, delineating those functions that will be fulfilled by the PIHP and those functions that will be delegated to CMHAMM Affiliate CMHSP’s (Community Mental Health Service Provider).</p> <p><u>2) 42 CFR</u> § 438.608 Program integrity requirements lists, “Provision for internal monitoring and auditing.”</p>	<p>Affiliation Policy and Procedures are reviewed and updated throughout the year or on an as needed basis</p>	<p>Affiliation Policy and Procedures are reviewed during each update (throughout the year) and annually by the Affiliation Compliance Administrator and Director of Affiliation Operations.</p>

<p>Administrative support for PIHP and delegated activities <u>1) CMHAMM Policy 1.0</u> III. RESPONSIBILITIES: A. The Community Mental Health Authority of Clinton Eaton Ingham Counties will provide adequate staff to fulfill the required PIHP functions. The PIHP's Executive Director will assure the development and maintenance of an administrative structure to assure compliance with regulations.</p> <p><u>2) MDCH/PIHP contract</u> 6.0 PIHP ORGANIZATIONAL STRUCTURE AND ADMINISTRATIVE SERVICES 6.1 Organizational Structure The PIHP shall maintain an administrative and organizational structure that supports a high quality, comprehensive managed care program. The PIHP's management approach and organizational structure shall ensure effective linkages between administrative areas including: provider network services; customer services, service area network development; quality improvement and utilization review; grievance/complaint review; financial management and management information systems. Effective linkages are determined by outcomes that reflect coordinated management.</p> <p>6.2 Administrative Personnel The PIHP shall have sufficient administrative staff and organizational components to comply with the responsibilities reflected in this contract. The PIHP shall ensure that all staff has training, education, experience, licensing, or certification appropriate to their position and responsibilities. The PIHP will provide written notification to MDCH of any changes in the following senior management positions within seven (7) days:</p> <ul style="list-style-type: none"> • Administrator (Chief Executive Officer) • Chief Operating Officer • Medical Director and Clinical/Program Director(s) • Chief Financial Officer • Management Information System Director • Customer Services Director • Recipient Rights Officer 	<p>PIHP staffing allocation and administrative structure is reviewed quarterly by Director of Affiliation Operations. Administrative support for delegated activities is monitored monthly through affiliation workgroup minutes and reports.</p>	<p>Affiliation Policy on Administrative Capacity is reviewed and compared to existing practices on an annual basis by the Affiliation Compliance Administrator and Director of Affiliation Operations.</p>
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<p>PIHP Legal Support <u>1) PIHP/Affiliate Medicaid contract</u> XXVII. LIABILITY AND FINANCIAL RISK. C. Each party to this Agreement must seek its own legal representative and bear its own costs including judgments in any litigation which may arise out of its activities to be carried out pursuant to its obligations hereunder. It is specifically understood and agreed that neither party will indemnify the other party in such litigation</p> <p><u>2) MDCH/PIHP Contract</u> The State, its departments, and its agents shall not be responsible for representing or defending the PIHP, PIHP's personnel, or any other employee, agent or subcontractor of the PIHP, named as a defendant in any lawsuit or in connection with any tort claim.</p>	<p>Contract expiration dates are monitored quarterly and reported to PIHP Executive Director 90 days prior to their expiration.</p>	<p>Current contracts require legal support. This requirement, as is the case with all contractual requirements, is formally reviewed in preparation for contract amendments, extension, or renewal.</p>
<p>Oversight of delegated activities <u>1) PIHP/Affiliate contract</u> XXX. MONITORING THE AGREEMENT. A. The performance of the terms of this Agreement shall be monitored on an ongoing basis by the designated representatives of the Payor and of the Provider. B. The Chief Executive Officer of each party hereto shall appoint administrative liaisons to be available to communicate with the liaisons of the other party.</p> <p><u>2) MDCH/PIHP Medicaid Contract</u> 7.0 PIHP RESPONSIBILITIES states, "The PIHP shall be responsible for the operation of the Concurrent 1915(b)/(c) Program within its designated service area. Operation of the Concurrent 1915(b)/(c) Program must conform to regulations applicable to the concurrent program and to each (i.e., 1915(b) and 1915 (c)) Waiver. The PIHP shall also be responsible for development of the service delivery system and the establishment of sufficient administrative capabilities to carry out the requirements and obligations of this contract. If the PIHP elects to subcontract, the PIHP shall comply with applicable provisions of federal procurement requirements, as specified in Attachment P 6.4.1.1, except as waived for CSSNs in the 1915(b) Waiver. The PIHP is responsible for complying with all reporting requirements as specified in Part II, Section 6.5.1 of the contract and the finance reporting requirements specified in Part II, Section 7.8.</p>	<p>Review of Delegated functions by PIHP Senior Management Team, PIHP PCS, and Consumer Advisory Council.</p>	<p>Annual review of CMHAMM Policy and Procedures and review of PIHP Annual Site Review process</p>

Additional requirements are identified in Attachment P 7.0.2 (Performance Objectives).		
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III. Financial Management

PIHP Delegated Activity	PIHP Assessment of Capacity and Capability Of CMHSP/CA	Ongoing Monitoring and Reporting Requirements	Annual Assessment of Functioning
			<p>For all delegated functions listed, if the annual assessment (or other incremental assessments via ongoing monitoring) indicates a failure by the CMHSP to meet PIHP standards for a delegated activity it will be referred to the Affiliation Compliance Administrator and the Affiliation Compliance Committee for review. For all delegated activities that do not meet the PIHP standards, corrective action will be required that may include a plan of correction.</p> <p>If the CMHSP does not take immediate action to correct the areas of non-compliance then sanctions may be imposed and persistent non-compliance with standards could lead to revocation of delegated activity and possible termination of contract.</p>
Routine accounting and budgeting functions, purchasing and inventory management, engagement of annual financial audit, compliance audit and consulting relationships – as detailed in CMHAMM procedures 7.4, 7.5 and 7.5 and MDCH PIHP and CMHSP contract.	<p>Financial Status Report (FSR), Financials, Audit & Management Letter</p> <p>* For all financial activities delegated to CMHSP/CA interviews and reviews may be completed during meetings of Chief Financial Officer (CFO) Work Group or via a Site Visit to the CMHSP/CA and/or members of the respective sub-contracting network.</p>	Monthly - Financials Quarterly – FSR	Annual Audit, Compliance Audits & Management Letter on file in PIHP Finance Department.
Tracking of Medicaid expenditures and revenues – as detailed in CMHAMM procedure 7.5	Financial Status Report (FSR) Quarterly Budget Documents	Quarterly – FSR Annual – CRCS	FSR CRCS

	Reserve Account Contributions & Use Residential/CLS Budget to Actual Inpatient Budget to Actual Analysis of Budget to Actual		
Data compilation and cost determination for rate-setting purposes	*	Annual - Medicaid Utilization Net-Cost Report Annual - Sub Element Cost Report	Medicaid Utilization Net-Cost Report Sub Element Cost Report
FSR, MUNC and Sub-element to PIHP – As detailed in MDCH PIHP contract	*	Quarterly- FSR Annual - Medicaid Utilization Report Annual – Sub Element Cost Report	FSR MUNC Sub Element Cost Report
Local-level verification of the delivery of Medicaid services – As detailed in CMHAMM procedure 4.7	*	Quarterly - Medicaid Claims Verification Audit	Annual PIHP Secondary Medicaid Claims Verification Audit reviewed. (PIHP Annual UM/QI/Provider Network site review)
Billing of all third-party payers (as Medicaid is the payer of last resort) – As detailed in MDCH PIHP contract	*	Quarterly - Medicaid Claims Verification Audit Annual – Compliance Audit	Annual PIHP Secondary Medicaid Claims Verification Audit reviewed. Annual Compliance Audit

III. Financial Management

PIHP Retained Activity	Ongoing Monitoring and Reporting Requirements	Annual Assessment of Functioning
Establish a budget and financial management system sufficient to monitor revenues and expenditures for the region, monitor changes in the Medicaid population for the PIHP region and the effect on capitated funds received from MDCH, manage financial reserves to meet unexpected demand, determination of methodology for Medicaid payment to local CMHSP/CAs – As detailed in CMHAMM procedure 7.5	Monthly- DEG Eligibility Spreadsheet, Financials Quarterly- FSR Review Quarterly reporting by CMHSP/CA, identify areas of non-compliance, request plan of correction as indicated and report to Affiliation Compliance Committee as needed.	Audit and Management Letter, Compliance Audit Medicaid Claims Verification Audit Medicaid Savings and ISF Summary, ISF Spreadsheet, Affiliation Medicaid-Sub Contract Annual Report to PIHP Governing Body,
Compile of data cost information for weighted average determination, per service, for the region – As detailed in CMHAMM procedure 7.6	Annual- Medicaid Utilization Cost Report	Analysis and comparison of annual Affiliation wide and state wide MUNC reporting
Report FSR and Medicaid Utilization Net Cost reporting to MDCH – as detailed in MDCH PIHP contract	Quarterly FSR Semi- Annual- Medicaid Utilization Cost Report	CRCS for Medicaid Funds

Develop a Risk Management Plan for the PIHP 7.7.3, develop a regional reinvestment strategy for allocation of Medicaid savings, develop and submit Risk Management Plan 7.7.4 to MDCH		Review results of ISF Actuary, Calculate Medicaid Savings and ISF Summary, Calculate ISF spreadsheet in CRCS, Submit Medicaid Savings Reinvestment Strategy to CEI Board of Directors for Approval
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IV. Information Systems Management

PIHP Delegated Activity	PIHP Assessment of Capacity and Capability Of CMHSP/CA	Ongoing Monitoring and Reporting Requirements	Annual Assessment of Functioning
			<p>For all delegated functions listed, if the annual assessment (or other incremental assessments via ongoing monitoring) indicates a failure by the CMHSP to meet PIHP standards for a delegated activity it will be referred to the Affiliation Compliance Administrator and the Affiliation Compliance Committee for review. For all delegated activities that do not meet the PIHP standards, corrective action will be required that may include a plan of correction.</p> <p>If the CMHSP does not take immediate action to correct the areas of non-compliance then sanctions may be imposed and persistent non-compliance with standards could lead to revocation of delegated activity and possible termination of contract.</p>
<p>Develop and maintain an understanding of MDCH data collection, management, submission, and reporting requirements.</p> <p>DCH Contract, section 6.5.1.</p> <p>(Includes knowledge of up to date DCH documentation and participation in IS Affiliation Workgroup discussion of changes to reporting requirements)</p>		<p>Monthly Affiliation IS Workgroup meeting minutes DCH Submission Tracking</p>	<p>Annual site visit: 02 QI data validation form.xls; 03 Encounter Data Validation form.xls</p>
<p>Collect and accurately report MDCH QI data on time according to CMHAMM and MDCH requirements.</p>	<p>02 QI Data Validation form.xls (reported by CMHSPs)</p>	<p>Monthly DCH Submission Tracking.xls</p>	<p>Annual Site Visit: 02 QI Data Validation form.xls Annual Review of 06 DCH Submission Tracking.xls</p>

<p>(Includes: Documented data extraction and processing methods; Implement and maintain data systems that collect, store, extract, and report QI data; Submit timely QI data formatted as required.)</p> <p>DCH Contract, section 6.5.1.</p>	only)		
<p>Communicate immediately and work with CMHAMM IS staff to resolve QI data difficulties that prevent correct and timely submission of data and to resolve encounter data difficulties that prevent correct and timely submission of data.</p> <p>DCH Contract, section 6.5.1.</p>		<p>Monthly Affiliation IS Workgroup meeting minutes DCH Submission Tracking</p>	<p>Annual review of 06 DCH Submission Tracking</p>
<p>Collect and accurately report encounter data on time according to CMHAMM and MDCH requirements.</p> <p>DCH Contract, section 6.5.1.</p> <p>(Includes: Document data extraction and processing methods to sufficiently explain how Encounter data gets created; Implement and maintain data systems that collect, store, extract, and report Encounter data according to MDCH requirements; Validate that Encounter data and reporting formats, values, and logic meet CMHAMM instructions and requirements prior to submission; Ensure that every consumer with an Encounter reported has a QI file; Comply with HIPAA 837 transaction requirements; Submit Encounter files in a timely manner.)</p>	<p>03 Encounter Data Validation form.xls</p>	<p>06 Monthly DCH Submission Tracking.xls</p>	<p>03 Encounter Data Validation form.xls</p> <p>Annual review of Monthly DCH Submission Tracking.xls</p> <p>Annual site visit</p>
<p>Document data extraction and processing methods to sufficiently explain how performance indicator data gets created.</p> <p>DCH Contract, section 6.5.1, and BBA.</p>	<p>04 PI Calculations Validation form.xls</p>		<p>Annual site visit: 04 PI Calculations Validation form.xls</p>
<p>Participate in and complete documentation necessary for information system capabilities assessments, both internal to the PIHP and external (i.e., from MDCH)</p> <p>(Includes: Timely and correct completion of Mini-ISCAT and accompanying attachments; Timely and correct completion of documentation and attachments needed by the PIHP for the ISCAT.)</p> <p>DCH Contract, section 6.5.1., and BBA.</p>	<p>07 Mini-ISCAT Checklist.doc (Information Systems Capabilities Assessment Tool [ISCAT], developed by Heath Services Advisory Group of Arizona)</p>		<p>Annual submission to PIHP of :Mini-ISCAT</p>

IV. Information Systems Management

PIHP Retained Activity	Ongoing Monitoring and Reporting Requirements	Annual Assessment of Functioning
<p>1) Disseminate to the CMHSP's/CA's the specifications for encounter, QI, data submission, including:</p> <ul style="list-style-type: none"> a) Dates due to CMHAMM b) Method of submission to PIHP c) Format of submission to PIHP Annual validation of PIHP PI indicators (1, 2, 3, 4 and 12) conducted at annual site visit. <p>DCH Contract, section 6.5.1.</p>	<p>IS Affiliation Work Group Minutes</p>	<p>Status reports and summary from monitoring tools and corrective action plan results.</p> <p>Annual Review of Monthly DCH Submission Tracking.xls</p>
<p>2) Create and manage data systems that store, extract, process, and submit affiliation-wide 837 encounter and QI data according to MDCH specifications.</p> <p>DCH Contract, section 6.5.1.</p>		<p>Status reports and summary from monitoring tools and corrective action plan results</p> <p>Annual review of Warehouse and 837 Data creation Problems.xls tracking sheet</p>
<p>3) Process and submit affiliation 837 encounter and QI data.</p> <p>(Includes: Accept and convert CMHSP/CA encounter (837) and QI submissions and resubmissions, check them for accuracy and quality, combine them into PIHP files, submit the combined files to MDCH according to their requirements, and store and track status on all files; Accept, understand, and work with error reports provided by MDCH on 837 and QI data submission to correct and resubmit data as require; Generate and distribute error reports to CMHSP/CAs as needed, and work with CMHSP/CAs to obtain corrected data submissions; Provide consultation to CMHSP/CAs (i.e., provide guidance and requirements for solutions to issues on data quality and submission status).</p> <p>DCH Contract, section 6.5.1.</p>	<p>PIHP DCH Submissions Tracking</p>	<p>Annual review of DCH Submissions Tracking</p>
<p>4) Conduct formal assessments of the CMHSP/CA's capacity and capability for carrying out the delegated information systems management activities on an ongoing and annual basis.</p>	<p>ISCATs (Tools used by Health Services Advisory Group for External Quality Review)</p>	<p>Annual Site Visit: 02 QI Data Validation form.xls 03 Encounter Data Validation form.xls 04 PI Calculations Validation form.xls</p>

<p>BBA.</p> <p>(This includes: Interview staff that perform data systems management activities; Inspect and review the CMHSP/CA's data system(s) and/or documentation, including policies, procedures, and guidelines; Compare a sampling of QI and encounter physical records to system data, and system data to submitted QI and encounter data, to validate consumer data is being collected, processed, and reported properly; Create and distribute to the CMHSP/CA the analysis and summary of the findings of the assessment: including: Problems, Solution recommendations or requirements, Request for corrective action plan; Verify that the CMHSP/CA has completed the corrective action, and if not, report to the IS Director and Compliance Committee.)</p>		
<p>5) The Affiliation Compliance Committee will review all assessment results annually, or as needed to meet obligations of the PIHP.</p> <p>(Includes: Regular and annual review of the results of monitoring of delegated CMHSP/CA information system functions; If the regular and annual assessments (or other incremental assessments via ongoing monitoring) indicate failure on the part of the CMHSP/CA to meet PIHP policy and standards, with regard to the information systems management delegated activities, it will then be referred to the Affiliation Compliance Committee for review; Should the Compliance Committee ascertain that the CMHSP/CA is not complying satisfactorily with its delegated responsibilities, it will recommend corrective action; Should the CMHSP/CA not take timely action to correct the areas of non-compliance within the agreed upon timeframes, the PIHP Executive Director may then recommend revocation relative to this area of delegation to the PIHP Board of Directors.)</p>		<p>Compliance Committee review of Annual audit results and timely submission of any requested Plans of Corrections.</p>

V. Jail Diversion

PIHP Delegated Activity	PIHP Assessment of Capacity and Capability Of CMHSP/CA	Ongoing Monitoring and Reporting Requirements	Annual Assessment of Functioning
			<p>For all delegated functions listed, if the annual assessment (or other incremental assessments via ongoing monitoring) indicates a failure by the CMHSP to meet PIHP standards for a delegated activity it will be referred to the Affiliation Compliance Administrator and the Affiliation Compliance Committee for review. For all delegated activities that do not meet the PIHP standards, corrective action will be required that may include a plan of correction.</p> <p>If the CMHSP does not take immediate action to correct the areas of non-compliance then sanctions may be imposed and persistent non-compliance with standards could lead to revocation of delegated activity and possible termination of contract.</p>
<p>1) <u>Michigan Mental Health Code Section 207</u> states: "Each community mental health service program shall provide services designed to divert persons with serious mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate. These services shall be consistent with policy established by the department."</p> <p>2) <u>DCH/PIHP contract</u> Section 6.8.4 states: "The PIHP shall provide services designed to divert beneficiaries that qualify for MH/DD specialty services from a possible jail incarceration, when appropriate. Such services shall be consistent with the Jail Diversion Practice Guideline. The PIHP will collect data reflective of jail diversion activities and outcomes as indicated in the Practice Guideline."</p>	<p>Clinical standards and guidelines related to contractual obligations with MDCH and 42 CFR are identified by the Affiliation Compliance Administrator and are reviewed at the appropriate Affiliation venue at least on an annual basis as part of the evaluation of subcontractor's ability to perform activities.</p>	<p>Affiliates are notified of the clinical compliance review schedule. Affiliates are required to submit Jail Diversion data to the PIHP annually. DCH requirements, data, and results from reviews are all reviewed at the appropriate Affiliation venue at least on an annual basis.</p>	<p>PIHP Annual Site Review</p>

V. Jail Diversion

PIHP Retained Activity	Ongoing Monitoring and Reporting Requirements	Annual Assessment of Functioning
PIHP will ensure that the Affiliates are notified of any changes to the MDCH practice guideline for Jail Diversion.	Changes will be reviewed in appropriate workgroups as needed.	PIHP Annual Site Review

VI. Person Centered Planning

PIHP Delegated Activity	PIHP Assessment of Capacity and Capability Of CMHSP/CA	Ongoing Monitoring and Reporting Requirements	Annual Assessment of Functioning
			<p>For all delegated functions listed, if the annual assessment (or other incremental assessments via ongoing monitoring) indicates a failure by the CMHSP to meet PIHP standards for a delegated activity it will be referred to the Affiliation Compliance Administrator and the Affiliation Compliance Committee for review. For all delegated activities that do not meet the PIHP standards, corrective action will be required that may include a plan of correction.</p> <p>If the CMHSP does not take immediate action to correct the areas of non-compliance then sanctions may be imposed and persistent non-compliance with standards could lead to revocation of delegated activity and possible termination of contract.</p>
<p>Section 712 of the mental health code states: (1) "The responsible mental health agency for each recipient shall ensure that a person centered planning process is used to develop a written individual plan of service in partnership with the recipient....."</p> <p>Section 3.4.1 of the DCH contract states: "the mental health code establishes the right for all individuals to have an Individual Plan of Service developed through a person-centered planning process. The PHP shall implement person-centered planning in accordance with the MDCH Person Centered Practice Guideline.</p>	<p>There is an Affiliation Self Determination/Person Centered Planning procedure that outlines requirements and expectations.</p> <p>A SD/PCP training curriculum, along with a</p>	<p>The PIHP will utilize a compliance document (Clinical Record Review Form) based on the essential elements of PCP and the DCH PCP site review indicators to complete ongoing reviews of the delegated activities.</p>	<p>Reviews will be completed by the PIHP and data will be reviewed with the Affiliation SD Workgroup, the ACA, and the DAO and the Affiliation Compliance Committee as appropriate.</p> <p>Results will be shared with the Affiliate being reviewed and the Affiliation Compliance Committee.</p> <p>The PIHP Reviewer and the Affiliation Compliance Administrator will be responsible for identifying any</p>

<p>This provision is not currently a requirement for service provided through the Medicaid Substance Abuse capitation portion of this contract."</p>	<p>resource manual was developed by the Consumer Empowerment Specialist with guidance from the Affiliation Self Determination workgroup. The curriculum is based on the requirements outlined within the DCH Practice Guidelines.</p> <p>A PCP inventory was also completed for each affiliate agency to determine their compliance with Person Centered Planning and their current ability to comply with the DCH policy and practice guidelines. The PIHP will provide ongoing evaluation the sub-contractors performance of PCP delegated functions during the annual PIHP site review.</p>	<p>The Affiliation Compliance Administrator will work with the Affiliation SD workgroup to discuss the PIHP's expectations, train on how to report necessary data, and to utilize this workgroup to disseminate resources and up-to-date compliance requirements.</p>	<p>corrective action necessary. The Affiliation Compliance Administrator and the Director of Affiliation Operations are responsible for enforcing the corrective action.</p> <p>Each Affiliate will provide copies of their PCP policies and procedures to the PIHP whenever modifications are made.</p>
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VI. Person Centered Planning

<p>PIHP Retained Activity</p>	<p>Ongoing Monitoring and Reporting Requirements</p>	<p>Annual Assessment of Functioning</p>
<p>Development, modification, and monitoring of Affiliation policies and procedures related to PCP.</p> <p>Development, modification, and monitoring of training curriculum and resources to be used Affiliation wide.</p> <p>Development of review tool(s) related to PCP.</p>	<p>Affiliation policies and procedures will be reviewed annually and any necessary modifications will be made.</p> <p>The training resources will be reviewed as needed with any necessary updates or modifications being completed.</p> <p>Review of DCH PCP site review indicators completed annually and any necessary modifications will be made to</p>	<p>A review will occur on an annual basis. The delegated functions and review process will be reviewed with the Affiliation Self Determination Workgroup.</p>

	<p>the review tool (clinical record review form) based on feedback from the DCH site audit and the HSAG site audits.</p> <p>Affiliate CMHSP's will inform the PIHP of any changes made to their local PCP policies and procedures and submit copies when revisions are completed.</p>	
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VII. Provider Network

PIHP Delegated Activity	PIHP Assessment of Capacity and Capability Of CMHSP/CA	Ongoing Monitoring and Reporting Requirements	Annual Assessment of Functioning
			<p>For all delegated functions listed, if the annual assessment (or other incremental assessments via ongoing monitoring) indicates a failure by the CMHSP to meet PIHP standards for a delegated activity it will be referred to the Affiliation Compliance Administrator and the Affiliation Compliance Committee for review. For all delegated activities that do not meet the PIHP standards, corrective action will be required that may include a plan of correction.</p> <p>If the CMHSP does not take immediate action to correct the areas of non-compliance then sanctions may be imposed and persistent non-compliance with standards could lead to revocation of delegated activity and possible termination of contract.</p>
<p>Local assessment of need for provider capacity. The CMHSP/CA shall:</p> <ul style="list-style-type: none"> - Annually evaluate the needed and actual capacity of its provider network and redistribute resources where necessary to ensure timely access and necessary service array to address consumer demands. <p>PIHP procedure 5.1: Provider Network Management, IV. K. Network Sufficiency</p>	<p>The PIHP assesses provider capacity through the annual Network Adequacy Report.</p>	<p>The CMHSPs and CAs provide information and data requested by the PIHP which serves to inform the Network Adequacy report and demonstrate network sufficiency.</p>	<p>Network Sufficiency Assessment shall be a process to be performed annually by the PIHP, with outcomes reviewed with appropriate committees and workgroups.</p>
<p>Local Network development and Management:</p> <ul style="list-style-type: none"> - Manage procurement of local providers sufficient to fulfill all 	<p>Current CMHSP/CA Provider Selection and</p>	<p>Quarterly – Report changes in make-up of the</p>	<p>PIHP Provider Network Tool to be reviewed and modified as needed on an annual basis</p>

<p>PIHP delegated activities and to meet identified needs, including recruitment of staff (or contracted) interpreters, translators, and bi-lingual/bi-cultural clinicians</p> <ul style="list-style-type: none"> - Negotiate contracts between the CMHSP/CA and providers based on a procurement method that meets state and federal standards and in accordance with PIHP policy <p>BBA 438.207 – Assurances of Adequate Capacity and Services</p> <p>Medicaid Managed Specialty Supports and Services (09), Section 6.4 – Provider Network Services</p>	<p>Network Management Program Description.</p> <p>Review of the CMHSP/CA’s process for making Provider Selection Decisions (procurement and RFP practices).</p>	<p>CMHSP/CA provider network, via the Provider Data Base</p>	<p>Site visit to the CMHSP/CA and/or members of the respective sub-contracting network may include:</p> <ul style="list-style-type: none"> - interviews with staff who perform Provider Selection and Contract Management activities, -audit of sample of Provider files. - review of CMHSP/CA’s process of establishing payment rates for providers.
<p>Compliance by PIHP Providers with all PIHP Provider Network Management policies and procedures.</p>	<p>CMHSP/CA’s written Provider Selection and Contract Management Policy and Procedures</p>	<p>Copies of updated policies and procedures will be sent to the PIHP.</p>	<p>PIHP Site Review</p>
<p>Coordination and Continuity of Care:</p> <ul style="list-style-type: none"> - Coordination of care with the QHP’s within the CMHSP/CA’s catchment area - Develop relationships with other Health Care providers to ensure coordinated services and appropriate referrals. - Develop service coordination agreements with each of the pertinent public and private community-based organizations and providers to address issues that relate to a shared consumer base. <p>Medicaid Managed Specialty Supports and Services (09), Section 6.4.4 – Collaboration with Community Agencies</p>	<p>The CMHSPs shall annually submit copies of their coordination of care agreements with other agencies to the PIHP.</p>	<p>The CMHSPs shall annually submit copies of their coordination of care agreements with other agencies to the PIHP.</p>	<p>PIHP Provider Network Tool</p> <p>Annual site visit to the CMHSP/CA and/or members of the respective sub-contracting network. Site visit may include:</p> <ul style="list-style-type: none"> - interviews with staff who perform Provider Selection and Contract Management activities, -audit of sample of Provider Contracts, - review of CMHSP/CA’s process of establishing payment rates for providers.
<p>Monitor and Evaluate providers. The CMHSP/CA shall:</p> <ul style="list-style-type: none"> - Have an established process for monitoring (at least annually) the performance of each provider relative to the contract. The monitoring process will minimally assess performance and compliance indicators established by the PIHP. 	<p>The PIHP annually monitors subcontractors to assure the delegated function of provider monitoring is being performed as required.</p>	<p>Examination of the Q&C tool and evidence of the monitoring performed by the PIHPs and CAs of their providers are reviewed by the PIHP during its annual audit.</p>	<p>PIHP Provider Network Tool</p> <p>Annual site visit to the CMHSP/CA and/or members of the respective sub-contracting network. Site visit may include:</p> <ul style="list-style-type: none"> - interviews with staff who perform Provider Selection and Contract Management activities, -audit of sample of Provider Contracts, - review of CMHSP/CA’s process of establishing payment rates for providers.

<p><u>III. B Provider Credentialing:</u> CMHSP/CA shall credential providers, as appropriate, in accordance with the Credentialing section in this document.</p> <p>BBA 438.214(b)(2) Provider Selection;</p> <p>Medicaid Managed Specialty Supports and Services (09), Section 6.4.3. Provider Credentialing</p>	<p>A common Credentialing Procedure, adopted by the Affiliation Provider Network Workgroup, has been implemented across CMHAMM.</p>	<p>To assure ongoing compliance with the PIHP procedure, each CMHSPs credentialing procedure is reviewed during the annual PIHP Audit.</p>	<p>At the time of the annual PIHP Audit, key CMHSP staff are interviewed as one measure of assuring that credentialing is being carried out in accordance with PIHP guidelines.</p>
<p>Organizational and Practitioner Credentialing for all providers directly operated by or under sub-contract to the CMHSP/CA</p> <ul style="list-style-type: none"> - CMHSP/CA shall assure that all individuals, whether employed or contracted by the CMHSP/CA to provide clinical or medical services, will be credentialed; and all clinicians and physicians, whether employed or contracted by the CMHSP/CA, will be privileged for each specific function to be performed - Credentialing and privileging shall be age and disability specific according to the populations served. - Credentials shall be verified, by primary source, prior to employment. -Verification shall occur at time of contractor license renewal and renewal of provider agreement. - Copies of all licenses, registrations, and/or certifications shall be kept in the employees' or contractors' files. - Prior to employment, the CMHSP/CA shall verify that the individual is not included in any excluded or sanctioned provider lists. This verification process shall also occur at the time or re-credentialing or contract renewal. - Clinical privileging shall occur at the time of employment and at least bi-annually thereafter. -Monitor sub-contractors, at least annually, with adherence to above. <p>BBA 438.214 - Provider Selection;</p> <p>Medicaid Managed Specialty Supports and Services (09), attachment 6.4.3.1 – Credentialing and Re-Credentialing Processes</p>	<p>Each CMHSP/CA submits own policy and procedure for Credentialing if not using PIHP Credentialing Procedure.</p> <p>CMHSP/CA policies and procedures must be compliant with PIHP Credentialing procedure.</p>	<p>Quarterly report of providers new to the CMHSP/CA panel.</p>	<p>PIHP Provider Network Tool</p> <p>Annual site visit to the CMHSP/CA and/or members of the respective sub-contracting network. Site visit may include:</p> <ul style="list-style-type: none"> - interviews with staff who perform Credentialing activities, -Audit of a random sample of Organizational Providers; and a random sample of the CMHSP/CA credentials files for behavioral health practitioners, to determine compliance with PIHP standards, policy and/or procedures. <p>Review of CMHSP/CA's efforts to improve areas of credentialing non-compliance/poor performance</p>

VII. Provider Network

PIHP Retained Activity	Ongoing Monitoring and Reporting Requirements	Annual Assessment of Functioning
Secure contract with and manage all CMHSP's/CA's.	Develop and maintain all necessary contracts and agreements needed to fulfill the Medicaid Managed Care Specialty Supports and Services Contract with MDCH.	The Medicaid Subcontract is updated annually by amendment to reflect changes in funding whereas the complete document is reviewed/revised every three years.
Establish PIHP Provider network Management policies and procedures	Annual review, or as needed, of Affiliation Policies and Procedures	PIHP Annual Site visit and review
Monitor capacity and demand for services in the PIHP region	Network Adequacy/Sufficiency is monitored annually through the Network Adequacy review process, culminating in the Network Adequacy Report.	Annual PIHP site visit, review of entire PIHP network, Network Adequacy/Sufficiency analysis.
Establish and manage a PIHP-level process for soliciting network provider feedback and/or complaints	The PIHP Annual Satisfaction Survey solicits network provider feedback and/or complaints from a sample of those served, as well as from Providers themselves.	Annual PIHP site visit, review of entire PIHP network, Satisfaction Surveys.

VIII. Quality Management

PIHP Delegated Activity	PIHP Assessment of Capacity and Capability Of CMHSP/CA	Ongoing Monitoring and Reporting Requirements	Annual Assessment of Functioning
			<p>For all delegated functions listed, if the annual assessment (or other incremental assessments via ongoing monitoring) indicates a failure by the CMHSP to meet PIHP standards for a delegated activity it will be referred to the Affiliation Compliance Administrator and the Affiliation Compliance Committee for review. For all delegated activities that do not meet the PIHP standards, corrective action will be required that may include a plan of correction.</p> <p>If the CMHSP does not take immediate action to correct the areas of non-compliance then sanctions may be imposed and persistent non-compliance with</p>

			standards could lead to revocation of delegated activity and possible termination of contract.
<p>Local functions of quality assurance and management. These activities shall include:</p> <ul style="list-style-type: none"> - develop and implement a Quality Improvement Program in accordance with Attachment C6.8.1.1 of the General Fund (Managed Specialty Supports and Services) Contract with the MDCH and with the Affiliation QI Plan - ensure that Best Practice Guidelines are adhered to - ensure that compliance issues are adequately addressed and reported to the PIHP. <p>PIHP Contract Attachment 6.7.1.1</p>	<p>Evidence that the CMHSP/CA governing body has adopted the Affiliation QI Plan or that the CMHSP/CA has developed a plan which is consistent with and supports the requirements of the Affiliation QI Plan.</p>	<p>Participation in PIHP Quality Improvement Workgroup.</p> <p>Required data submitted per time schedule:</p> <ul style="list-style-type: none"> • Quarterly Record Review data • Quarterly LOC data • Quarterly SE data • Quarterly Medicaid Claims data • Others as required <p>Review of goals/outcomes from QI Plan during Affiliation QI meetings, at least annually</p>	<p>PIHP Secondary review of a sample of record reviews, Medicaid claims and level of care during annual PIHP site visit.</p> <p>Annual review/revision of Affiliation Quality Improvement Plan.</p> <p>Annual report to PIHP Governing Body on activities/outcomes from QI Plan.</p>
<p>Quarterly submission of aggregate quality indicator data to PIHP.</p> <p>PIHP Contract Attachment 6.7.1.1</p>	<p>Annual review of indicator data requirements and updates during Affiliation QI meetings.</p>	<p>Quarterly review of data at Affiliation QI Workgroup prior to submission to MDCH</p> <p>Quarterly submissions of Plans of Corrections to be submitted to PIHP Director of Quality/designee for performance indicators found to be out of compliance.</p>	<p>Annual validation of PIHP PI indicators (1, 2, 3, 4 and 12) conducted at annual site visit.</p>
<p>Conduct two Performance Improvement Projects (PIPs) during each Medicaid waiver period.</p> <p>PIHP Contract Attachment 6.7.1.1</p>	<p>CMHSP participates in design of PIP</p> <p>CMHSP participates in design and local implementation of PIP</p>	<p>Ongoing submission of data as indicated in PIP</p>	<p>Annual report to MDCH</p> <p>Annual QI report</p>

<p>Coordination and Continuity of Care: Implement procedure to coordinate the services that the CMHSP/CA furnishes to the consumer with the services that the consumer receives from other entities.</p> <p>PIHP Contract Attachment 6.7.1.1</p>	<p>Maintains and distributes a Local Consumer Handbook with PIHP information regarding coordination of care.</p> <p>Implementation of Affiliation Continuity of Coordination of Care Procedure 2.4.</p>	<p>Quarterly discussion at QI Workgroup of PIP and recommendations.</p> <p>Review of Coordination of Care letters or other evidence of CMHSP and coordinating entities during PIHP annual review.</p>	<p>Annual QI Report</p> <p>Annual PIHP Site Review assessment of secondary clinical record reviews includes review for evidence of coordination of care.</p>
<p>Implementation of Compliance Monitoring activities outlined within the Affiliation Compliance Plan and Affiliation Compliance Procedure to comply with applicable laws, regulations and program requirements.</p> <p>Deficit Reduction Act, 2005</p>	<p>Participation in the development and annual review of Affiliation Compliance Plan</p> <p>Implementation of Affiliation Compliance Plan</p>	<p>CMHSP staff participation on Affiliation Compliance Committee</p> <p>Report of suspected compliance violations to compliance officer</p>	<p>Annual review of plan for needed updates/revisions.</p> <p>Review of plans of corrections resulting from audit findings</p>
<p>Each CMHSP shall have a Behavior Treatment Plan Review Committee to review and approve or disapprove any plans that propose to use restrictive or intrusive interventions.</p> <p>Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Attachment P1.4.1</p>	<p>Committees will adhere to the requirements outlined in Attachment P.1.4.1 in the Medicaid Managed Specialty Supports and Services Contract.</p>	<p>The Committee shall submit meeting minutes to the PIHP on a quarterly basis.</p>	<p>The Affiliation Behavior Treatment Plan Review Committee will review required data submitted on a quarterly basis and offer guidance as needed</p>

VIII. Quality Management

PIHP Retained Activity	Ongoing Monitoring and Reporting Requirements	Annual Assessment of Functioning
<p>Develop and approve a Quality Assurance Performance Improvement Program and annual plan for PIHP</p> <p>PIHP Contract Attachment 6.7.1.1</p>	<p>Quarterly reports of activity in QI Workgroup</p>	<p>Annual report of PIHP's QI Plan activities and updated PIHP QI Plan to Governing Board and to Director of Affiliation Operations, PIHP Steering Committee and PIHP QI Workgroup.</p>
<p>Review and Analysis of CMHSP's Quality activities and reports. These shall include:</p>	<p>Review Quarterly reporting by CMHSP/CA, identify areas of non-compliance, request plan of correction as indicated</p>	<p>Annual site visit</p>

<ul style="list-style-type: none"> - Performance indicators - Critical Incidents and Sentinel Events - Consumer Input (e.g., Consumer Surveys, Dissatisfaction Reports, Focus Groups) <p>PIHP Contract Attachment 6.7.1.1</p>	and report to Affiliation Compliance Committee.	
<p>Disseminate to CMHSPs/CAs the specifications for Performance Indicator data submission including:</p> <ul style="list-style-type: none"> a) dates due to CMHAMM b) methods of submission c) format of submission <p>Contract Attachment 6.7.1.1</p>	Done during CMHAMM QI Workgroup meetings.	Status report and summary from monitoring tools and corrective action plan results.
<p>Develop and approve an Affiliation Compliance Plan on an annual basis</p> <p>Deficit Reduction Act, 2005</p>	Annual review of Compliance Plan by Affiliation Compliance Committee.	Annual review and approval of PIHP Governing Body
<p>The PIHP will utilize an Affiliation wide Behavior Treatment Plan Review Committee to provide oversight and guidance as needed to the CMHSP level Behavior Treatment Plan Review Committees.</p> <p>Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Attachment P1.4.1</p>	The PIHP/Affiliation Committee shall review data submitted on a quarterly basis from the local CMHSP committees.	<p>The PIHP/Affiliation Behavior Treatment Plan Review Committee will review required data submitted on a quarterly basis and offer guidance as needed.</p> <p>The Committee will report annually to the appropriate PIHP workgroups/individuals.</p>

IX. Self-Determination

PIHP Delegated Activity	PIHP Assessment of Capacity and Capability Of CMHSP/CA	Ongoing Monitoring and Reporting Requirements	Annual Assessment of Functioning
			For all delegated functions listed, if the annual assessment (or other incremental assessments via ongoing monitoring) indicates a failure by the CMHSP to meet PIHP standards for a delegated activity it will be referred to the Affiliation Compliance Administrator and the Affiliation Compliance Committee for review. For all delegated

			<p>activities that do not meet the PIHP standards, corrective action will be required that may include a plan of correction.</p> <p>If the CMHSP does not take immediate action to correct the areas of non-compliance then sanctions may be imposed and persistent non-compliance with standards could lead to revocation of delegated activity and possible termination of contract.</p>
<p>Section 3.4.4 of the DCH contract states: "It is the expectation that PIHP's will assure compliance among their network of service providers with the elements of this policy. This will mean that the PIHP will assure, when arrangements that support the pursuit of self-determination are sought by adult consumers (self-determination is an option for adult consumers, no consumer is mandated to use self-determination approaches), developed and offered, by the PIHP, that they conform to the elements of the policy and practice guideline.".....</p> <p>....the implementation expectations for this policy are aimed at fostering continual learning and improvement in the implementation of the self determination elements....</p> <p>....."Reviews of the PIHP performance, in the area of Self Determination, will emphasize continuous quality improvement approaches applying teaching, coaching, mutual learning, and exploring best practice rather than a static compliance approach."</p>	<p>There is an Affiliation Self Determination/Person Centered Planning procedure that outlines requirements and expectations.</p> <p>A SD/PCP training curriculum along with resource manual has been developed by the Consumer Empowerment Specialist with guidance from the Affiliation Self Determination workgroup. The curriculum is based on the requirements outlined within the DCH Practice Guidelines.</p> <p>An inventory was completed for each affiliate agency to determine their compliance with Self Determination and their current ability to comply with the DCH policy and practice guidelines.</p> <p>The PIHP will provide ongoing evaluation the sub-contractors performance of the SD delegated functions.</p>	<p>A SD Status Tool outlining each requirement of the DCH Practice Guideline was developed in August 2004 to provide an analysis of where each Affiliate agency was at with the implementation and compliance of SD. The tool was completed by a designated member from each agency.</p> <p>A tracking document has been developed that tracks compliance issues.</p> <p>The Affiliation SD workgroup will be trained on how to report the data and on what the PIHP's expectations are. This workgroup will also monitor the data reported.</p>	<p>Reviews of compliance with policy and procedures will be completed by the Affiliation Compliance Administrator and will be reviewed with the Affiliation SD Workgroup and the DAO.</p> <p>Results will be shared with the Affiliate being reviewed, the Affiliation compliance committee and the PIHP Leadership group. The Affiliation Compliance Administrator, along with input from the Affiliation compliance committee and the DAO, will be responsible for identifying any corrective action necessary and enforcing the corrective action.</p> <p>Each Affiliate will provide copies of their SD policies and procedures to the PIHP as changes or modifications are completed.</p>

IX. Self-Determination

PIHP Retained Activity	Ongoing Monitoring and Reporting Requirements	Annual Assessment of Functioning
<p>Development, modification, and monitoring of Affiliation policies and procedures related to SD.</p> <p>Development, modification, and monitoring of training curriculum and resources to be used Affiliation wide.</p> <p>Development of review tool(s) related to SD.</p>	<p>Affiliation policies and procedures will be reviewed annually and any necessary modifications will be made.</p> <p>The training curriculum will be reviewed as needed with any necessary updates or modifications being completed.</p> <p>Review of DCH contract requirements completed annually and any changes will be reviewed with the Affiliation SD workgroup and monitoring tools will be modified as needed.</p>	<p>A review will occur on an annual basis. The delegated functions and review process will be reviewed with the Affiliation Self Determination Workgroup.</p>

X. Utilization Management

PIHP Delegated Activity	PIHP Assessment of Capacity and Capability Of CMHSP/CA	Ongoing Monitoring and Reporting Requirements	Annual Assessment of Functioning
			<p>For all delegated functions listed, if the annual assessment (or other incremental assessments via ongoing monitoring) indicates a failure by the CMHSP to meet PIHP standards for a delegated activity it will be referred to the Affiliation Compliance Administrator and the Affiliation Compliance Committee for review. For all delegated activities that do not meet the PIHP standards, corrective action will be required that may include a plan of correction.</p> <p>If the CMHSP does not take immediate action to correct the areas of non-compliance then sanctions may be imposed and persistent non-compliance with standards could lead to revocation of delegated activity and possible termination of contract.</p>
<p>Initial approval or denial of requested service: - Initial assessment for and authorization of psychiatric inpatient services</p>	<p>Each CMHSP/CA will maintain a local procedure for authorizing services. The</p>	<p>Each CMHSP/CA will maintain all level of care findings from their quarterly</p>	<p>Each CMHSP/CA will notify/update the PIHP when any changes have occurred within the local authorization of services process. The PIHP will</p>

<ul style="list-style-type: none"> - Initial assessment for and authorization of psychiatric partial hospitalization services - Initial and ongoing authorization of services to individuals receiving community-based services <p>DCH/PIHP Contract Attachment P 3.1.1: Access Standards</p> <ul style="list-style-type: none"> - Grievance and Appeals, Second Opinion management, coordination and notification <p>42 CFR: 438.400 42 CFR : 438.416</p> <ul style="list-style-type: none"> - Communication with consumers regarding UM decisions, including adequate and advance notice, right to second opinion and grievance and appeal 	<p>CMHSP/CA's will also utilize the PIHP procedure for conducting quarterly level of care reviews for emergent and non-emergent cases.</p> <p>Affiliates to utilize PIHP procedure</p> <p>The PIHP ensures that communication is occurring between CMHSP and consumers by the presence of notices at the time of the PCP.</p> <p>Standard Forms for Adequate Notice are utilized.</p>	<p>reviews in preparation for the annual PIHP site review. Non emergent level of care data will be maintained in the electronic level of care system.</p> <p>CMHSP/CA's must follow affiliation procedure 4.5 "Clinical Record Reviews" which includes review for presence of adequate and/or advance notice as appropriate. During a secondary review process (at the time of the PIHP annual site review) verification of the record review process occurs by reviewing a sample of the records with primary review. Appeal and grievance logs are submitted by the CMHSP/CA's annually. A sampling of the appeals/grievances is reviewed by the PIHP to ensure compliance with State requirements.</p>	<p>conduct an annual site review utilizing a stratified random sampling of cases in order to monitor the local authorization process.</p> <p>Affiliates to utilize PIHP procedure</p> <p>This is also reviewed as part of the PIHP annual site review process.</p> <p>This is reviewed as part of the PIHP Annual Site review process.</p>
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<p>Local-level Concurrent and Retrospective Reviews of affiliate Authorization and Utilization Management decisions/activities to internally monitor authorization decisions and congruencies regarding level of need with level of service, consistent with PIHP policy, standards and protocols.</p> <p>42CFR: 438.210: Coverage and Authorization of Services</p>	<p>Each CMHSP will create and maintain a written procedure for conducting local level of care reviews in accordance w/the PIHP policy/procedure. The PIHP will conduct annual secondary reviews during site visits to monitor the process.</p>	<p>Each CMHSP/CA will maintain all level of care findings from their quarterly reviews in preparation for the annual PIHP site review. Non emergent level of care data will be maintained in the electronic level of care system. Each CMHSP/CA will update the “follow up” screens w/in the electronic system anytime any recommendations for change in level of care has occurred.</p>	<p>Each CMHSP/CA will notify/update the PIHP when any changes have occurred within the local authorization of services process. The PIHP will conduct an annual site review utilizing a stratified random sampling of cases in order to monitor the local authorization process in regards to level of care compliance.</p>
<p>Persons who are enrolled on a habilitation supports waiver must be certified as current enrollees and be re-certified annually. A copy of the certification form must be in the individual's file and signed by the local CMHSP representative.</p> <p>Medicaid Provider Manual, Section 15</p>	<p>The PIHP will ensure each provider has a process to ensure that the habilitation supports waiver certification forms are obtained and maintained in the clinical record and contain the required signature.</p>	<p>Review of DCH site review indicators will be completed annually and changes in process will be made based on feedback from the DCH site audit.</p>	<p>The PIHP will monitor that each provider is completing the habilitation supports waiver re-certification annually and contains the signature of the CMHSP representative.</p>

X. Utilization Management

PIHP Retained Activity	Ongoing Monitoring and Reporting Requirements	Annual Assessment of Functioning
<p>Development, adoption and dissemination of Practice Guidelines (PGs), Medical Necessity Criteria, and other Standards to be used by the local CMHSP/CAs.</p> <p>42 CFR: 438.236: Practice Guidelines</p>	<p>Practice Guidelines reviewed and revisions made on an as needed basis.</p>	<p>The PIHP currently conducts annual level of care reviews to assure that the PIHP PGs, Medical Necessity Criteria, and other standards are being utilized when authorization decisions have been made. Practice Guidelines to be reviewed and updated, minimally, on an annual basis.</p>
<p>Development, modification and monitoring of related PIHP UM Policy, Procedures and Annual Plan as part of the Affiliation QI Plan.</p>	<p>Annual, or as needed, review of Affiliation Policies and Procedures</p>	<p>The Affiliation QI Plan, policy and procedures are reviewed annually at the appropriate venue.</p>
<p>Review and Analysis of the CMHSP's/CA's quarterly utilization activity and reporting of services. Annual review of</p>	<p>The PIHP will monitor and review that each CMHSP/CA is conducting quarterly level of care reviews in compliance w/</p>	<p>Annual report of PIHP's Service Authorization and Utilization Management submitted to appropriate</p>

each CMHSP's/CA's and the PIHP's overall Utilization Activities.	the PIHP procedure.	workgroups annually.
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