

**CMHAMM CORRECTIVE ACTION PLAN FOR THE 2009 DCH FOLLOW UP SITE REVIEW**

**PIHP: CMH AFFILIATION OF MID-MICHIGAN**

**SURVEY DATE: June 8-16, 2009**

<b>DIMENSIONS/INDICATORS:</b>	<b>RECOMMENDED REMEDIAL ACTION:</b>	<b>PLAN OF CORRECTION AND TIMEFRAME FOR COMPLETION:</b>
<p>B.1.1. The entire service array for individuals with developmental disabilities, mental illness, or a substance abuse disorder, including (b)(3) services, are available to consumers who need them.</p> <p>Medicaid Managed Specialty Supports and Services Contract, "Statement of Work"</p> <p>AFP Sections 2.8, 2.10.5, 3.1, 3.5</p>	<p>Contractually required services are not available uniformly throughout the PIHP. For Example, ACT services are contracted by Gratiot CMH. However, there were not any consumers identified as requiring ACT services in Gratiot County since June 2008. The PIHP and Gratiot CMHSP reported "no current need" as identified in Gratiot CMHSP quarterly reports and a PIHP audit conducted in October 2008.</p>	<p>The PIHP has reviewed the contractually required service (ACT) being provided throughout the Affiliation of Mid Michigan and has determined that this service is being offered uniformly within all Affiliation CMHSP's. Gratiot CMHSP currently has a contract in place with a qualified provider to offer ACT services as needed. The PIHP will continue to monitor that consumers are receiving the appropriate level of care/service during the annual PIHP UM/QI/Provider Network site review and by record reviews completed by Gratiot CMHSP. If it is determined by Gratiot or by the PIHP that consumers would be best served by ACT services and meet the requirements for this service, then it will be provided as contractually required.</p>
<p>B.3.4.2. The home based services worker to family ratio must accommodate the levels of intensity that may vary from two to twenty hours per week based on individual family needs.</p>	<p>The two hour minimum of weekly service was not consistently provided as required.</p>	<p>The PIHP will require CEI, Ionia, and Newaygo to provide documentation that staff are trained in the requirement of providing two to twenty hours of direct/support services per week based on the individual family needs.</p> <p>Timeframe for Completion: 12/31/09</p>
<p>B.3.4.4. Staff members are child mental health professionals.</p>	<p>Staff members are child mental health professionals.</p> <p>There was a lack of evidence of compliance with the 24 hour child and family specific training annually. The screening staff and the psychiatrist lacked evidence of the annual 24 clock hour child and family specific training.</p>	<p>The PIHP will require Gratiot to provide documentation that all staff members who provide Childrens Services have received the required training, including the required 24 hours that is child/family specific.</p> <p>All Staff Training records including those of psychiatrists' will be monitored to ensure compliance with the training requirements for all direct care staff.</p> <p>Timeframe for Completion: 10/01/09</p>

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<p>B.4.7. Majority of ACT services are provided according to the beneficiary's preference and clinical appropriateness in the beneficiary's home or other community locations rather than the team office.</p>	<p>There was a lack of evidence to support that the registered nurse met with consumers in their homes or in the community</p>	<p>The PIHP will monitor that CEI ensures that contacts occur as stated in the individual plan of service and are provided according to the beneficiary's preference and clinical appropriateness in the beneficiary's home or other community locations.</p> <p>Any exceptions to this will be justified and documented in the consumers chart.</p> <p>Timeframe for Completion: 11/01/09</p>
<p>B.6.4.1. Non-degreed staff who carry out treatment activities must have at least one year of satisfactory work experience providing services to beneficiaries with mental illness or have successfully completed a PIHP/MDCH approved training program for working with beneficiaries with mental illness.</p>	<p>There was a lack of evidence to support that the non-degreed staff that carry out treatment activities had successfully completed a PIHP/MDCH approved training program for working with beneficiaries with mental illness.</p>	<p>The PIHP will monitor that the Bridges Crisis Unit has completed and implemented Operating Guidelines to ensure that non-degreed staff who carry out treatment activities have successfully completed the approved training for working with beneficiaries with mental illness.</p> <p>The PIHP will complete a random review of crisis residential staff annually to verify completion of required training or one year of satisfactory experience.</p> <p>Timeframe for Completion: 12/01/09</p>

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<p>B.16.3. The PIHP meets the time and distance requirements for access to substance abuse services.</p>	<p>The PIHP continues to lack Methadone services within the required geographic limits. The reviewer was informed that the CMHSP will continue to work with Northern Michigan Substance Abuse Services for their consumer who need this service until a provider is found to meet the time and distance requirement of the contract</p>	<p>The PIHP will require Manistee-Benzie to submit documentation confirming an ongoing effort to ensure that substance abuse services are available within their region.</p> <p>Manistee/Benzie CMH continues to work with NMSAS to address Substance Abuse service needs for their beneficiaries. This is done through participation in the NMSAS Board of Directors Meetings and Prevention Provider Meetings. NMSAS is aware of the lack of methadone clinic in northern Michigan.</p> <p>Timeframe for Completion: Ongoing</p>
<p>C.1.8.5. Person-centered planning addressed health and safety.</p>	<p>There was a lack of evidence to support that person centered planning consistently addressed health issues.</p>	<p>CEI, M/B, and Newaygo CMH's will provide training for staff to consistently identify health and safety issues/concerns and to ensure they are followed up on within the individual plan of service.</p> <p>The PIHP will monitor compliance and provide guidance as needed.</p> <p>Timeframe for Completion: 12/31/09</p>

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<p>C.1.11. Individuals are provided with ongoing opportunities to provide feedback on how they feel about services, supports and/or treatment they are receiving, and their progress towards attaining valued outcomes.</p>	<p>There was a lack of evidence to support that individuals were provided with ongoing opportunities to provide feedback on how they feel about services, supports and/or treatment they are receiving, and their progress towards attaining valued outcomes.</p>	<p>CEI and Ionia CMH's will ensure individuals are being provided with ongoing opportunities to provide feedback on how they feel about services, supports and/or treatment they are receiving, and their progress towards attaining valued outcomes. Training/education will be provided to CEI and Ionia staff to ensure this information will be consistently documented.</p> <p>The PIHP will monitor compliance and provide guidance when needed.</p> <p>Timeframe for Completion: 12/31/09</p>
<p>C.2.4. Individuals are provided timely Adequate Notice consistent with DCH format.</p>	<p>There was a lack of evidence to support that individuals are provided timely Adequate Notice consistent with DCH format.</p>	<p>CEI, Ionia and Manistee/Benzie CMH's will have processes in place to ensure that Medicaid consumers are consistently given Adequate Notice that is consistent with the MDCH format. The notice will describe the appeal process available to the consumer. CEI, Ionia and Manistee/Benzie staff will be educated/trained on this process.</p> <p>The PIHP will monitor for compliance and provide guidance as needed.</p> <p>Timeframe for Completion: 12/31/09</p>

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<p>C.2.6. Individuals are provided a copy of their individual plan of service within fifteen business days after the planning meeting.</p>	<p>There was a lack of evidence to support that individuals are provided a copy of their individual plan of service within fifteen business days after the planning meeting.</p>	<p>CEI, Ionia, Manistee/Benzie and Newaygo will have processes in place to ensure that individuals are provided with a copy of their plan of service within fifteen business days after the date of the planning meeting. Documentation within the clinical record will show evidence that this has occurred.</p> <p>The PIHP will monitor compliance and provide guidance as needed.</p> <p>Timeframe for Completion: 12/31/09</p>
<p>F.11. Clinical records.</p>	<p>Documents did not consistently contain signatures and/or the staff credentials.</p>	<p>The PIHP shall monitor for compliance with documentation standards during the annual PIHP audit and ensure that documents contain signatures and/or the staff credentials.</p> <p>Timeframe for Completion: 12/31/09</p>