

SITE REVIEW CORRECTIVE ACTION PLAN (CAP) TEMPLATE: Revised Final POC:11/08

PIHP: CMH AFFILIATION OF MID-MICHIGAN

SURVEY DATE: June 9-27, 2008

DIMENSIONS/INDICATORS	RECOMMENDED REMEDIAL ACTION	REMEDIAL ACTION AND TIME FRAME FOR IMPLEMENTATION
<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>Submit a plan with time frames for ensuring that ACT services are available in Benzie, Gratiot and Manistee Counties.</p>	<p>The PIHP will require that Benzie, Gratiot, and Manistee Counties provide the PIHP with documentation confirming that ACT services are available to consumers in their region.</p> <p>Timeframe for Implementation: 12/2008</p>
<p>B.3.3.1. <u>Structure/Org</u>:</p> <p>Home-based program has a centralized structure (identifiable service unit of an organization).</p>	<p>Submit a plan with time frames for ensuring that home-based programs have a centralized structure, and that the therapist working in the home-based program is exclusively assigned to provide home-based services.</p>	<p>The PIHP will require that Newaygo CMH provide documentation confirming that restructuring/reassignment of clinical staff occurred to comply with this requirement.</p> <p>Timeframe for Implementation: 12/31/08</p>
<p>B.3.4.1. <u>Staffing</u>:</p> <p>Full time worker to family ratio does not exceed 1:15.</p>	<p>Submit a plan with time frames for ensuring that home-based workers are exclusively assigned to home-based service programs, and that the full time worker to family ratio does not exceed 1:15.</p>	<p>The PIHP will require that Newaygo CMH provide documentation confirming that restructuring/reassignment of clinical staff occurred to comply with this requirement.</p> <p>Timeframe for Implementation: 12/31/08</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>Submit a plan with time frames for ensuring that documentation of home-based services consistently reflects that at least two hours of home based services are provided each week.</p>	<p>The PIHP will require CEI, Gratiot, Ionia, Newaygo, and Manistee-Benzie to provide documentation that staff were trained in the requirement of two hour of direct/support services weekly, on average, based on the family's request.</p> <p>Timeframe for Implementation: 12/31/08</p>
<p>B.3.4.4. Staff members are child mental health professionals.</p>	<p>Submit a plan with time frames for assuring that:</p> <ul style="list-style-type: none"> • All staff is trained and training is 	<p>The PIHP will require CEI, Gratiot, Newaygo, Ionia, and Manistee-Benzie to provide documentation that demonstrates completion</p>

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	<p>documented for the required 24 hours of child and family specific training.</p> <ul style="list-style-type: none"> • Staff is consistently trained and training is documented in all core requirements. 	<p>of the corrective action plan regarding the issue of training being provided to all Children's Services staff, including the required 24 hours that is child/family specific and includes the other core requirements. 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 Implementation: 12/31/08</p>
<p>B.4.3.3. For beneficiaries with co-occurring substance use disorders, individualized treatment will be integrated by the team as part of the overall treatment approach.</p>	<p>Submit a plan with time frames ensuring that for beneficiaries with co-occurring substance use disorders; individualized treatment will be integrated by the team as part of the overall treatment approach.</p>	<p>Existing policy and procedures include language to ensure that individualized treatment for beneficiaries with co-occurring substance use disorder will be integrated by the team as part of the overall treatment approach. These policies and procedures will be reviewed with staff at CEI CMH in staff meetings and will be documented in staff meeting minutes.</p> <p>Timeframe for Implementation: 12/31/2008</p>
<p>B.4.3.4. ACT services and interventions must be consistent with medical necessity of the individual beneficiary with goal of maximizing independence.</p>	<p>Submit a plan with time frames for ensuring that:</p> <ul style="list-style-type: none"> • The ACT team case manages and coordinates all services received by ACT consumers. • The frequency of face-to-face contacts occurs as stated in the Individual Plan of Service. 	<p>Existing policies and procedures for Newaygo and CEI include language to ensure that the ACT team manages and coordinates all services received by ACT consumers and that face to face contacts occur as stated in the plan of service. Supervisors and staff at CEI and Newaygo CMH's will review the existing policies and procedures to assure compliance. The PIHP will monitor to ensure compliance with plan of correction and requirement.</p>

SITE REVIEW CORRECTIVE ACTION PLAN (CAP) TEMPLATE: Revised Final POC:11/08

PIHP: CMH AFFILIATION OF MID-MICHIGAN

SURVEY DATE: June 9-27, 2008

DIMENSIONS/INDICATORS	RECOMMENDED REMEDIAL ACTION	REMEDIAL ACTION AND TIME FRAME FOR IMPLEMENTATION
		Timeframe for Implementation: 12/31/2008
B.4.3.6. ACT team meetings are held daily.	Submit a plan with time frames for ensuring that ACT team meetings are held daily.	<p>The PIHP requires that ACT team meetings occur on a daily basis for all ACT teams within the Affiliation. Documentation of these meetings (including reasons for when no meeting occurs) will be required. The PIHP will monitor compliance during annual PIHP site review.</p> <p>Timeframe for Implementation: 12/31/2008</p>
B.4.3.7. Physician meets with team on a frequent basis.	Submit a plan with time frames for ensuring that the physician meets with the team at least weekly.	<p>Newaygo CMH has already made changes to ensure that the physician meet with their ACT Teams on a weekly basis. This will be monitored by Newaygo's ACT supervisor and the PIHP as part of the annual review process.</p> <p>Timeframe for Implementation: Completed: Monitoring will be ongoing</p>
<p>B.4.4.2. Team must include:</p> <ul style="list-style-type: none"> a) One physician (MD or DO) assigned to the team; b) One full time team coordinator with a minimum of a master's degree with appropriate licensure/certification to provide clinical supervision, plus two years of clinical experience working 	Submit a plan with time frames for ensuring that a full time registered nurse is assigned to each ACT team.	<p>The PIHP will monitor that all CMHAMM Affiliates will have a full time registered nurse assigned to each ACT Team.</p> <p>Timeframe for Implementation: Completed</p>

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<p>with adults with serious mental illness;</p> <p>c) One RN licensed by the state of Michigan;</p> <p>d) Other professional staff licensed, certified or registered by the state of Michigan or national organizations to provided health care services;</p> <p>e) Non-professionals supervised by one of the above and documented in the clinical record.</p>		
<p>B.4.4.3. All ACT team staff members must have a basic knowledge of ACT programs and principles acquired through ACT specific training.</p>	<p>Submit a plan with time frames for ensuring that all ACT team members meet educational training requirements.</p>	<p>The PIHP will ensure that affiliate CMHSP's will have all ACT team members receive the core ACT trainings and documentation will be maintained in personnel files. The PIHP will review to ensure compliance as part of the annual review process.</p> <p>Timeframe for Implementation: 03/01/2009</p>
<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>Submit a plan with time frame for ensuring that all team members provide the majority of services to ACT consumers in their home or other community location rather the team office.</p>	<p>The PIHP will monitor that Newaygo 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 rather than the team office. Any exceptions to this will be justified and documented in the consumers chart.</p> <p>Timeframe for Implementation: 12/31/2008</p>
<p>B.5.3.1. <u>Structure/Organization:</u></p>	<p>Submit a plan with time frames for ensuring that clubhouse members have access to the</p>	<p>The PIHP will require CEI and Gratiot to provide the PIHP with a written plan to ensure</p>

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PIHP: CMH AFFILIATION OF MID-MICHIGAN

SURVEY DATE: June 9-27, 2008

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<p>Members have access to the clubhouse during times other than the ordered day, including evenings, weekends, and all holidays.</p>	<p>program during all legal holidays.</p>	<p>that their clubhouse members have access to the program during all legal holidays.</p> <p>Timeframe for Implementation: 12/2008</p>
<p>B.6.3.2. Covered services include: psychiatric supervision; therapeutic support services; medication management/stabilization and education; behavioral services; and nursing services.</p>	<p>Submit a plan with time frames for ensuring that psychiatric supervision of the crisis residential program meets programmatic requirements.</p>	<p>The Crisis Residential unit shall submit a written plan that details how psychiatric supervision to meet programmatic needs will be provided.</p> <p>Timeframe for Implementation: 01/01/2009</p>
<p>B.6.4. <u>Staffing:</u></p> <p>Treatment services must be provided under supervision of a psychiatrist and under the immediate direction of a professional possessing at least a bachelor's degree in a human services field, and who has at least 2 years work experience providing services to beneficiaries with a mental illness.</p>	<p>Submit a plan for ensuring that psychiatric supervision of the crisis residential program meets programmatic requirements.</p>	<p>The Crisis Residential unit shall submit a written plan that details how psychiatric supervision to meet programmatic needs will be provided.</p> <p>Timeframe for Implementation: 01/01/2009</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>Submit a plan with time frames for assuring that staff is consistently trained and training is documented in all core requirements.</p>	<p>The PIHP will complete a random review of 20% of crisis residential staff annually to verify completion of required training or one year of satisfactory experience.</p> <p>Timeframe for Implementation: 11/01/2008</p>
<p>B.7.3.3. Program provides the core elements of case management: assessment, linking/coordination, and monitoring.</p>	<p>Submit a plan with time frames for ensuring that coordination with primary care physicians is provided.</p>	<p>The PIHP will review a random sample of home based records for evidence of coordination of care during the annual site visit.</p> <p>Timeframe for Implementation: 01/01/2009</p>

SITE REVIEW CORRECTIVE ACTION PLAN (CAP) TEMPLATE: Revised Final POC:11/08

PIHP: CMH AFFILIATION OF MID-MICHIGAN

SURVEY DATE: June 9-27, 2008

DIMENSIONS/INDICATORS	RECOMMENDED REMEDIAL ACTION	REMEDIAL ACTION AND TIME FRAME FOR IMPLEMENTATION
<p>B.7.3.4. Providers must document initial and ongoing training for case managers related to core requirements.</p>	<p>Submit a plan with time frames for assuring that:</p> <ul style="list-style-type: none"> • Staff is consistently trained and training is documented in all core requirements. 	<p>The PIHP will require that a plan is submitted that ensures staff are consistently trained in all core requirements.</p> <p>Timeframe for Implementation: 01/01/2009</p>
<p>B.11.4.1 <u>Presence in Plan:</u></p> <p>All services and supports are included in the Individual Plan of Service.</p> <p>Medicaid Provider Manual, Section 14</p> <p>Person-centered Best Practice Guideline</p>	<p>Submit a plan with time frames for ensuring that:</p> <ul style="list-style-type: none"> • Services identified in individual plans of service are consistently provided. • The individual plan of service reflects needed services. 	<p>Manistee/Benzie, Newaygo, Gratiot and CEI will review with their staff the necessity of including needed/provided services and supports in the plan of service and that they are being provided as indicated. The PIHP will monitor for the presence of provided services and supports in the treatment plan during its annual secondary records review.</p> <p>Timeframe for Implementation: 12/31/2008</p>
<p>B.11.4.2. All necessary assessments are current (within 12 months or within 6 months of annual waiver certification).</p> <p>Medicaid Provider Manual, Section 14</p>	<p>Submit a plan with time frames for ensuring that assessments are completed in a timely fashion.</p>	<p>All CMHSP's will ensure that assessments are completed within appropriate timeframes. The PIHP will monitor to ensure compliance.</p> <p>Timeframe for Implementation: 12/31/2008</p>
<p>B.11.4.5. The individual plan of service must be reviewed, approved, and signed by a physician.</p> <p>Medicaid Provider Manual, Section 14</p>	<p>Submit a plan with time frames for ensuring that the individual plan of service is consistently reviewed, approved, and signed by a physician.</p>	<p>All individual plans of service will be reviewed and signed by a physician in accordance with MDCH standards. The PIHP will monitor that Gratiot CMH staff are inserviced on this requirement to ensure it consistently occurs.</p> <p>Timeframe for Implementation: 12/31/2008</p>
<p>B.12.1.1. Persons must have a developmental disability as defined by the Developmental Disabilities Assistance and Bill of Rights Act.</p>	<p>Submit a plan with time frames for ensuring that documentation consistently supports the need for habilitation supports waiver services.</p>	<p>The PIHP will ensure that documentation to demonstrate consumer eligibility for the habilitation supports waiver is present on an annual basis.</p>

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<p>Medicaid Provider Manual, Section 15 Michigan Mental Health Code</p>		<p>The PIHP will ensure that Manistee/Benzie staff will be trained on the eligibility requirements for the Habilitation Supports Waiver.</p> <p>Timeframe for Implementation: 12/31/2008</p>
<p>B.12.1.4. Persons must be certified as current enrollees and be re-certified annually. A copy of the certification form must be in the individual's file.</p> <p>Medicaid Provider Manual, Section 15 (10/06, MPM, MH/SA, Pg.76)</p>	<p>Submit a plan with time frames for ensuring that habilitation waiver certification forms are consistently completed as required.</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. The presence of certification shall be monitored through the clinical record reviews.</p> <p>Timeframe for Implementation: 12/31/2008</p>
<p>B.12.3. QMRP Oversight</p> <p>All services, including supports coordination, are provided under the supervision of a physician or other QMRP.</p> <p>Medicaid Provider Manual, Section 15 (10/06, MPM, MH/SA, Pg. 8, Pg.91)</p>	<p>Submit a plan with time frames for ensuring that:</p> <ul style="list-style-type: none"> • Prescriptions for occupational therapy services are consistently obtained. • Evidence is present in clinical records to support that non-professionals are supervised. • Evidence is present to support that non-professionals are trained on how to implement the individual plan of service prior to beginning the service. • Psychiatric evaluations are consistently obtained for those consumers receiving psychotropic medication. 	<p>Each CMHSP will have a process in place to ensure that required prescriptions are obtained as recommended and psychiatric evaluations are consistently completed for those on psychotropic medications.</p> <p>Each CMHSP will ensure that evidence is present to support that non-professional staff have been trained on how to implement the individual plan of service.</p> <p>The PIHP will monitor during the annual secondary record reviews to ensure compliance.</p> <p>Timeframe for Implementation: 12/31/2008</p>
<p>B.12.4. <u>Presence in the Plan:</u></p> <p>Services and supports provided were specified</p>	<p>Submit a plan with time frames for ensuring that:</p> <ul style="list-style-type: none"> • Services and supports provided were specified in the individual plan of 	<p>Ionia and Manistee/Benzie CMH's will review with their staff the necessity of including the services and supports to be provided in the plan of service. This will include writing goals</p>

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<p>in the individual plan of service and identified in terms of amount, scope and duration.</p> <p>Medicaid Provider Manual, Section 15 (10/06, MPM, MHSA, Pg. 8, Pg.76).</p>	<p>service and identified in terms of amount, scope and duration.</p> <ul style="list-style-type: none"> Goals and objectives are consistently measurable. 	<p>and objectives that are consistently measurable and include amount, scope and duration of identified services. The PIHP will monitor this during its annual secondary records review.</p> <p>Timeframe for Implementation: 12/31/2008</p>
<p>B.13.1.2. <u>Goals:</u></p> <p>Community Inclusion and participation</p> <p>Independence</p> <p>Productivity</p>	<p>Submit a plan with time frames for ensuring that individual plans of service include:</p> <ul style="list-style-type: none"> The goals and objectives necessary for the provision of (b)(3) services. The goals and objectives address the skill the individual is trying to master. 	<p>CEI and Manistee/Benzie CMH's will review with their staff the necessity of including necessary goals and objectives in the plan of service that address a specific skill the individual is working on. The PIHP will monitor for the presence of necessary goals and objectives during its annual secondary records review.</p> <p>Electronic forms are being developed that include prompts that will increase consistency in including meaningful goals and objectives in the plan of service.</p> <p>Timeframe for Implementation: 12/31/2008</p>
<p>B.13.2.2. Community Living Supports</p>	<p>Submit a plan with time frames for ensuring that documentation is present to support that services are provided as indicated in individual plans of service.</p>	<p>CEI, Ionia and Manistee/Benzie CMH's will review with their staff (and contractors) the requirement of providing documentation to support that services are provided as indicated in the individual plans of service, including amount, scope, and duration. The PIHP will monitor this during its annual secondary records review.</p> <p>Timeframe for Implementation: 12/31/2008</p>

SITE REVIEW CORRECTIVE ACTION PLAN (CAP) TEMPLATE: Revised Final POC:11/08

PIHP: CMH AFFILIATION OF MID-MICHIGAN

SURVEY DATE: June 9-27, 2008

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<p>B.13.2.12. Respite Care Services</p>	<p>Submit a plan with time frames for assuring that:</p> <ul style="list-style-type: none"> • Respite services are consistently provided as identified in the individual plan of service. • The amount, scope and duration of respite services are not consistently identified in individual plans of service. 	<p>CEI CMH will review with their staff the requirement of consistently providing respite services as identified in the individual plan of service, including amount, scope, and duration. The PIHP will monitor this during its annual secondary records review.</p> <p>Timeframe for Implementation: 12/31/2008</p>
<p>B.14.1. has an interagency agreement that describes the specific pathways of the pre-booking and post-booking jail diversion program with each law enforcement entity on their service area.</p> <p>AFP Section 2.9.3 & 2.9.4</p>	<p>Submit a plan with time frames for ensuring that CMHSP's have:</p> <ul style="list-style-type: none"> • Jail Diversion Policies inclusive of reference to co-occurring substance use disorders. • Interagency agreements that describe the specific pathways of the pre-booking and post-booking jail diversion program with each law enforcement entity in their service area. 	<p>The PIHP will monitor to ensure that Gratiot's, Manistee/Benzie's, and Newaygo's Jail Diversion policies includes reference to co-occurring substance abuse disorder. The PIHP will also monitor to ensure that each Gratiot's, Manistee/Benzie's, and Newaygo's Interagency Agreements describe specific pathways of the pre-booking and post-booking jail diversion program w/ each law enforcement entity in their service area.</p> <p>Timeframe for Implementation: 12/31/2008</p>
<p>B.14.2. has a post-booking jail diversion program in place that ensures jail detainees are screened for the presence of a serious mental illness, co-occurring substance disorder, or developmental disability within the first 24-48 hours of detention.</p>	<p>Submit a plan with time frames for ensuring that post-booking jail diversion programs in place ensures jail detainees are screened for the presence of a serious mental illness, co-occurring substance use disorder, or developmental disability within the first 24-48 hours of detention.</p>	<p>The PIHP will monitor CEI's, Ionia's, and Manistee-Benzie's CMHSP post-booking jail diversion programs to ensure that jail detainees are screened for the presence of a serious mental illness, co-occurring substance use disorder, or developmental disability w/in the first 24-48 hrs of detention.</p> <p>Timeframe for Implementation: 12/31/2008</p>
<p>B.14.4. establishes regular meetings among</p>	<p>Submit a plan with time frames for ensuring</p>	<p>The PIHP will monitor to ensure that CEI and</p>

SITE REVIEW CORRECTIVE ACTION PLAN (CAP) TEMPLATE: Revised Final POC:11/08

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SURVEY DATE: June 9-27, 2008

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<p>the police/sheriffs, court personnel, prosecuting attorney, judges, and CMHSP representatives.</p>	<p>that CMHSPs establishes regular meetings among the police/sheriffs, court personnel, prosecuting attorney, judges, and CMHSP representatives.</p>	<p>Ionia are making attempts to establish regular meetings among the police/sheriffs, court personal, prosecuting attorney, judges, and CMHSP representatives.</p> <p>Timeframe for Implementation: 12/31/2008</p>
<p>B.14.5. provides cross training for law enforcement and mental health personnel on the pre-booking and post-booking jail diversion program.</p>	<p>Submit a plan with time frames to ensure that on going cross training to staff of local law enforcement agencies occurs.</p>	<p>The PIHP will monitor to ensure that Newaygo is providing on going training to staff of local law enforcement agencies.</p> <p>Timeframe for Implementation: 12/31/2008</p>
<p>B.14.6. maintains a management information system that can identify individuals brought or referred to the mental health agency as a result of a pre-booking or post-booking diversion.</p> <p>Medicaid Managed Specialty Supports and Services Contract, Section 6.5.1 & 6.5.2</p>	<p>Submit a plan with time frames for ensuring that:</p> <ul style="list-style-type: none"> • Data collection is consistent across the affiliation. • The PIHP produces reports that identify the overall numbers of individuals diverted, both pre- and post booking. 	<p>The PIHP will establish a process for consistently collecting data across the affiliation and will produce reports that identify overall numbers of individuals diverted, both pre- and post-booking.</p> <p>Timeframe for Implementation: 12/31/2008</p>
<p>B.15.2. The PIHP has adopted common policies and procedures concerning assessment and service provision for individuals with co-occurring mental health and substance use disorders.</p> <p>(AFP 3.8.4.)</p>	<p>Submit a plan with time frames for ensuring that the PIHP has adopted common procedures concerning assessment and service provision for individuals with co-occurring mental health and substance use disorders.</p>	<p>The PIHP will develop common procedures concerning assessment and service provision for individuals with co-occurring mental health and substance use disorders.</p> <p>Timeframe for Implementation: 12/2008</p>
<p>B.15.6. Integrated services are provided for all individuals with co-occurring mental health and</p>	<p>Submit a plan with time frames for assuring that integrated services are provided for all individuals with co-occurring mental health and</p>	<p>The PIHP will modify the UM review process to include assuring that integrated services are provided for all individuals with co-occurring</p>

SITE REVIEW CORRECTIVE ACTION PLAN (CAP) TEMPLATE: Revised Final POC:11/08

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SURVEY DATE: June 9-27, 2008

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substance disorders. (AFP 3.8.4.)	substance use disorders.	mental health and substance use disorders. Timeframe for Implementation: 12/2008
B.16.3. The PIHP meets the time and distance requirements for access to substance abuse services.	Submit a plan with time frames for ensuring that substance abuse services are available within the required geographic limits.	The PIHP will require Manistee-Benzie to submit documentation confirming an effort to ensure that substance abuse services are available within their region. Timeframe for Implementation: 12/2008
B.16.4. The PIHP meets the requirements to provide 24 hours a day, 7 day a week access to substance abuse screening assessment and referral services.	Submit a plan with time frames for ensuring that the PIHP meets the requirements to provide 24 hours a day, 7 day a week access to substance abuse referral services.	The PIHP will modify its annual review of Coordinating Agencies (CA) to include confirmation that access to substance abuse screening assessment and referral services is available 24 hours a day, 7 days a week. Timeframe for Implementation: 12/2008
C.1.3. The individual is provided with options of choosing external facilitation of their meeting, unless the individual is receiving short-term outpatient therapy only, medication only, or is incarcerated.	Submit a plan with time frames for ensuring that individuals are routinely and clearly provided the opportunity to choose external facilitation of their planning meeting.	CMHAMM will ensure that individuals are given the opportunity to choose a facilitator (independent of CMH) to lead their planning meeting. The opportunity will be given and documented during the pre-planning process. Staff at CEI, Ionia, Gratiot and Manistee/Benzie CMH's will be provided with training/education on clearly explaining and offering this option. The PIHP will monitor for compliance. Timeframe for Implementation: 12/31/2008
C.1.4. Staff members are trained in the philosophy and methods of person-centered	Submit a plan with time frames for ensuring that ongoing training in the philosophy and methods of person-centered planning occurs	Each CMHSP will ensure that staff receive training in the philosophy and methods of person centered planning. Staff training

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planning.	consistently.	records will verify training has been provided. The PIHP will monitor for compliance. Timeframe for Implementation: 12/31/2008
C.1.5. The PIHP has a process for assuring subcontractors' implementation of and compliance with person-centered planning requirements.	Submit a plan with time frames for ensuring compliance with person-centered planning requirements.	Each CMHSP will consistently implement all the required elements of person centered planning. Training will be provided for staff to ensure that the implementation and documentation of person centered planning meets or exceeds MDCH standards. The PIHP will monitor for compliance and provide guidance as needed. Timeframe for Implementation: 12/31/2008
C.1.8.5. Person-centered planning addressed health and safety.	Submit a plan with time frames for ensuring that identified health concerns are consistently addressed in the person-centered planning process.	CEI and Ionia 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. The PIHP will monitor compliance and provide guidance as needed. Timeframe for Implementation: 12/31/2008
C.1.10. Individuals have ongoing opportunities to express their needs and desires, preferences, and meaningful choices.	Submit a plan with time frames for ensuring that individuals have ongoing opportunities to express their needs and desires, preferences, and meaningful choices.	CEI, Gratiot, Ionia and Manistee/Benzie CMH's will provide training to staff on ensuring and documenting that individuals have ongoing opportunities to express their needs and desires, preferences, and meaningful choices during the PCP process. The PIHP will monitor compliance and provide guidance as needed. Timeframe for Implementation: 12/31/2008

SITE REVIEW CORRECTIVE ACTION PLAN (CAP) TEMPLATE: Revised Final POC:11/08

PIHP: CMH AFFILIATION OF MID-MICHIGAN

SURVEY DATE: June 9-27, 2008

DIMENSIONS/INDICATORS	RECOMMENDED REMEDIAL ACTION	REMEDIAL ACTION AND TIME FRAME FOR IMPLEMENTATION
<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>Submit a plan with time frames for ensuring that 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>Each CMHSP 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, Manistee/Benzie and Newaygo staff to ensure this information will be consistently documented. The PIHP will monitor compliance and provide guidance when needed.</p> <p>Timeframe for Implementation: 12/31/2008</p>
<p>C.2.4. Individuals are provided timely Adequate Notice consistent with DCH format.</p>	<p>Submit a plan with time frames for ensuring that individuals are provided timely Adequate Notice consistent with MDCH format.</p>	<p>Each CMHSP 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, Gratiot, Ionia and Manistee/Benzie staff will be educated/trained on this process. The PIHP will monitor for compliance and provide guidance as needed.</p> <p>Timeframe for Implementation: 12/31/2008</p>
<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>Submit a plan with time frames for ensuring that individuals are provided a copy of their individual plan of service within fifteen business days after the planning meeting.</p>	<p>CMHAMM 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. The PIHP will monitor compliance and provide guidance as needed.</p> <p>Timeframe for Implementation: 12/31/2008</p>

SITE REVIEW CORRECTIVE ACTION PLAN (CAP) TEMPLATE: Revised Final POC:11/08

PIHP: CMH AFFILIATION OF MID-MICHIGAN

SURVEY DATE: June 9-27, 2008

DIMENSIONS/INDICATORS	RECOMMENDED REMEDIAL ACTION	REMEDIAL ACTION AND TIME FRAME FOR IMPLEMENTATION
<p>C.2.8. Services and treatment identified in the individual plan of service are provided as specified in the plan.</p>	<p>Submit a plan with time frames for ensuring that services and treatment identified in the individual plan of service are provided as specified in the plan.</p>	<p>CEI, Gratiot, Manistee/Benzie and Newaygo staff will be trained to ensure that services and supports identified in the individual plan of service are provided as specified. Clinical records will provide documentation that services are provided as specified. The PIHP will monitor compliance and provide guidance as needed.</p> <p>Timeframe for Implementation: 12/31/2008</p>
<p>D.1.1. The PIHP has adopted common policies and procedures for managing networks, including policies and procedures for use throughout the service area.</p> <p>Medicaid Managed Specialty Supports and Services contract, Section 6.4;</p> <p>AFP Sections 3.8, 4.0</p> <p>BBA 438.214.</p>	<p>Submit a plan with time frames for ensuring that an effective process for assessing and ensuring that:</p> <ul style="list-style-type: none"> • CMHSPs and providers consistently comply with the PIHP policies, contract and agreements. For example, required group home staff training. • Appropriate monitoring of group homes inclusive of corrective actions and follow-up regularly occurs. • The ability to pay determinations are completed according to statute and the administrative requirements. 	<p>The PIHP has a process for formally monitoring providers across the affiliation at least annually. Written findings of Quality and Competency Surveys are maintained by the PIHP as are Plans of Correction which document any deficiencies noted. Corrective actions will be checked to assure the residential provider is meeting required PIHP policies and contract compliance standards.</p> <p>Timeframe for Implementation: 12/31/2008</p>
<p>D.1.4. Provider performance reports are available for review by individuals, families, advocates, and the public.</p> <p>Medicaid Managed Specialty Supports and Services contract, Section 6.4;</p> <p>Encounter data</p>	<p>Submit a plan with time frames for ensuring that provider performance reports are available for review by individuals, families, advocates, and the public.</p>	<p>Each CMHSP shall develop a written plan on how provider performance reports will be shared. The Affiliation QI Committee will discuss how this information can be shared across the affiliation.</p> <p>Timeframe for Implementation: 01/01/2009</p>
<p>D.2.1. The PIHP shall identify staff training</p>	<p>Submit a plan with time frames for ensuring that:</p>	<p>Affiliates shall submit for review to the PIHP policies and procedures that detail group</p>

SITE REVIEW CORRECTIVE ACTION PLAN (CAP) TEMPLATE: Revised Final POC:11/08

PIHP: CMH AFFILIATION OF MID-MICHIGAN

SURVEY DATE: June 9-27, 2008

DIMENSIONS/INDICATORS	RECOMMENDED REMEDIAL ACTION	REMEDIAL ACTION AND TIME FRAME FOR IMPLEMENTATION
<p>needs and provide in-service training, continuing education, and staff development activities that include the topic areas of abuse and neglect (recipient rights), medical emergencies, environmental emergencies, universal precaution, behavior management (applied behavioral sciences); crisis management; Person-centered training: cultural diversity, HIPAA, language proficiency; grievance and appeal; and other DCH training required for group home staff.</p> <p>Administrative Rule R330.1806</p> <p>AFP 3.8.3</p> <p>Person-Centered Planning Guideline</p>	<ul style="list-style-type: none"> • Staff receives required training. • Ongoing training occurs, as required. 	<p>home curriculum training requirements, time lines and monitoring processes.</p> <p>Timeframe for Implementation: 01/01/2009</p>
<p>D.2.4.1. The PIHP has a specially constituted body in place for the review of aversive, restrictive or intrusive techniques, or psychoactive medications for behavior control purposes. (MPM, MH/SA 3.3)</p>	<p>Submit a plan with time frames for ensuring that the specially constituted body for the review of aversive, restrictive or intrusive techniques, or psychoactive medications for behavior control purposes completes reviews of each program as identified by policy.</p>	<p>A PIHP Behavior Treatment Committee (BTC) shall be established by 11/30/08. The BTC shall develop a PIHP BT procedure that includes a process for reviewing and monitoring the use of aversive, restrictive and intrusive techniques or psychoactive medication for behavior control purposes by it's contractors by 1/31/09.</p> <p>Timeframe for Implementation: 01/31/09</p>
<p>D.3.1. Organizational process for addressing health issues.</p> <p>Administrative Rule R 330.2802</p> <p>Person-centered planning Best Practice Guideline</p>	<p>Submit a plan with time frames for ensuring that health issues are consistently addressed.</p>	<p>CEI, Gratiot, Manistee-Benzie and Ionia shall submit a plan for, or evidence, that the identified health issues were addressed and a plan developed to prevent reoccurrence of the deficiencies.</p> <p>The PIHP will ensure that the organizational process for addressing health care issues is</p>

SITE REVIEW CORRECTIVE ACTION PLAN (CAP) TEMPLATE: Revised Final POC:11/08

PIHP: CMH AFFILIATION OF MID-MICHIGAN

SURVEY DATE: June 9-27, 2008

DIMENSIONS/INDICATORS	RECOMMENDED REMEDIAL ACTION	REMEDIAL ACTION AND TIME FRAME FOR IMPLEMENTATION
<p>Attachment 3.4.1.1. to the MDCH Contract</p> <p>Medicaid Managed Specialty Services and Supports Contract Attachment P 3.3.1</p> <p>AFP Section 2.7</p>		<p>followed consistently throughout the Affiliation.</p> <p>Timeframe for Implementation: 12/31/08</p>
<p>D.3.2. Organizational process for monitoring medications.</p> <p>R 330.2813</p>	<p>Submit a plan with time frames for ensuring that informed medication consents are:</p> <ul style="list-style-type: none"> • Consistently obtained for those consumers receiving psychotropic medications. • Medication consent forms include a revocation statement that allows the individual to revoke their consent verbally. • Medication storage units are locked. • Medications administered are contained on the medication administration log and tracked as outlined by policy. 	<p>CEI, Ionia, Manistee Benzie and Newaygo CMHSPs will ensure that informed medication consents are consistently obtained, that the consent includes a revocation statement allowing verbal revocation, that storage units are locked, that medications are administered as stated on the Medication Administration Record and are tracked. The PIHP will ensure compliance during annual review process.</p> <p>Timeframe for Implementation: 12/31/08.</p>
<p>D.3.3. Organizational process for addressing safety issues.</p> <p>AFP Section 2.7</p>	<p>Submit a plan with time frames for ensuring that:</p> <ul style="list-style-type: none"> • Identified safety issues are consistently addressed in the planning process. • Criminal record background checks are conducted consistently and documentation is retained. • Necessary safety improvements are implemented. • The PIHP will ensure that cited homes are reviewed for compliance within 3 months after the acceptance of the corrective action plans by MDCH. • A copy of the PIHP follow-up report 	<p>On an ongoing basis, safety monitoring occurs at the time of the Quality and Competency Survey of residential contractors, as well as throughout the year during visits made to the residential facilities by PIHP and CMHSP staff. When a deficiency or unsafe condition is noted, documentation is kept and the need for corrective action is communicated to the provider.</p> <p>For the specific citations noted during this review, the PIHP has worked with the CMHSPs to assure follow-up is performed with the provider to address the deficiency. Re-surveys are scheduled with the providers to</p>

SITE REVIEW CORRECTIVE ACTION PLAN (CAP) TEMPLATE: Revised Final POC:11/08

PIHP: CMH AFFILIATION OF MID-MICHIGAN

SURVEY DATE: June 9-27, 2008

DIMENSIONS/INDICATORS	RECOMMENDED REMEDIAL ACTION	REMEDIAL ACTION AND TIME FRAME FOR IMPLEMENTATION
	<p>identifying corrections must be retained by the PIHP and available to MDCH during the MDCH follow-up site review.</p> <ul style="list-style-type: none"> • Emergency bags are complete. • Evidence of training is present. • Policies and procedures are developed and implemented to ensure the safety of consumers. 	<p>assure necessary safety improvements are implemented. Documentation of the findings of the follow-up surveys will be made and submitted to the PIHP.</p> <p>The PIHP will develop and implement a policy/procedure that ensures the safety of consumers.</p> <p>Timeframe for Implementation: 12/31/2008</p>
<p>D.3.4. Incident reports</p> <p>AFP Section 2.7</p>	<p>Submit a plan with time frames for ensuring that:</p> <ul style="list-style-type: none"> • Documentation is consistently present to address needed changes to prevent future incidents of the same type. • Adequate staff is available to ensure consumer health and safety. • Copies of the incident reports remain in the group home and recommendations by providers/staff to prevent the same incident from occurring are documented. 	<p>CEI and Ionia CMHSPs will ensure that a process is in place to prevent reoccurrence of incidents of the same type, that staffing is adequate to ensure the health and safety of residents and that copies of incident reports remain in the group home with originals placed in the clinical records and recommendations to prevent reoccurrences are documented. The PIHP will monitor for compliance during annual site review process.</p> <p>Timeframe for implementation: 11/01/08</p>
<p>E.1. Health Care Plans</p> <p>Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work;</p> <p>B.B.A. 438.208</p> <p>CMHSP/PIHP Model Agreement: Behavioral Health</p>	<p>Submit a plan with time frames for ensuring that:</p> <ul style="list-style-type: none"> • All agreements reference the relationship between the PIHP, CMHSP and the Substance Abuse Coordinating Agency. • All agreements indicate that substance abuse services is a covered service and that the appropriate Substance Abuse Coordinating Agency be noted for all appropriate referrals. • The agreement between Manistee- 	<p>The PIHP will complete a standardized letter that identifies the relationship between the PIHP, Affiliate CMHSP's, and the Coordinating Substance Abuse Agencies. This standardized letter will be distributed to all agencies that our Affiliate CMHSP's and coordinating CA's have interagency agreements with. Those agencies will be requested to attach the letter to the existing agreements that are in place. The PIHP will delegate the responsibility of distributing these letters to the appropriate Affiliate CMHSP's and coordinating CA's, but</p>

SITE REVIEW CORRECTIVE ACTION PLAN (CAP) TEMPLATE: Revised Final POC:11/08

PIHP: CMH AFFILIATION OF MID-MICHIGAN

SURVEY DATE: June 9-27, 2008

DIMENSIONS/INDICATORS	RECOMMENDED REMEDIAL ACTION	REMEDIAL ACTION AND TIME FRAME FOR IMPLEMENTATION
	County and Health Plan of Michigan exclusively identifies Manistee County.	will ensure that it is completed through follow up. A draft of the standardized letter is attached. The PIHP would appreciate your feedback regarding the content of the letter to meet compliance with these indicators. Timeframe for Implementation: 01/31/09
<p>E.2. Local Community Agency Collaboration:</p> <p>Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work;</p> <p>B.B.A. 438.208</p> <p>AFP Section 2.9</p>	Submit a plan with time frames for ensuring that all agreements reference the relationship between the PIHP, CMHSP and the Substance Abuse Coordinating Agency.	<p>The PIHP will complete a standardized letter that identifies the relationship between the PIHP, Affiliate CMHSP's, and the Coordinating Substance Abuse Agencies. This standardized letter will be distributed to all agencies that our Affiliate CMHSP's and coordinating CA's have interagency agreements with. Those agencies will be requested to attach the letter to the existing agreements that are in place. The PIHP will delegate the responsibility of distributing these letters to the appropriate Affiliate CMHSP's and coordinating CA's, but will ensure that it is completed through follow up. A draft of the standardized letter is attached. The PIHP would appreciate your feedback regarding the content of the letter to meet compliance with these indicators.</p> <p>Timeframe for Implementation: 01/31/09</p>
<p>E.3. Multipurpose Collaborative Bodies *</p> <p>Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of</p>	Submit a plan with time frames for ensuring that all agreements reference the relationship between the PIHP, CMHSP and the Substance Abuse Coordinating Agency.	The PIHP will complete a standardized letter that identifies the relationship between the PIHP, Affiliate CMHSP's, and the Coordinating Substance Abuse Agencies. This standardized letter will be distributed to all agencies that

SITE REVIEW CORRECTIVE ACTION PLAN (CAP) TEMPLATE: Revised Final POC:11/08

PIHP: CMH AFFILIATION OF MID-MICHIGAN

SURVEY DATE: June 9-27, 2008

DIMENSIONS/INDICATORS	RECOMMENDED REMEDIAL ACTION	REMEDIAL ACTION AND TIME FRAME FOR IMPLEMENTATION
<p>Work, Section 6.4.4.</p> <p>B.B.A. 438.208</p> <p>AFP Section 2.9</p>		<p>our Affiliate CMHSP's and coordinating CA's have interagency agreements with. Those agencies will be requested to attach the letter to the existing agreements that are in place. The PIHP will delegate the responsibility of distributing these letters to the appropriate Affiliate CMHSP's and coordinating CA's, but will ensure that it is completed through follow up. A draft of the standardized letter is attached. The PIHP would appreciate your feedback regarding the content of the letter to meet compliance with these indicators.</p> <p>Timeframe for Implementation: 01/31/09</p>
<p>E.4. Schools/ISDs *</p> <p>Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work;</p> <p>MDCH/CMHSP Managed Mental Health Supports and Services Contract: Special Education--to-Community Transition Guideline.</p> <p>B.B.A. 438.208</p> <p>AFP Sections 2.9, 6.9.6</p> <p>Mental Health Code 330.1227, Section 227</p> <p>Individual with Disabilities Education Act (IDEA).</p>	<p>Submit a plan with time frames for ensuring that all agreements reference the relationship between the PIHP, CMHSP and the Substance Abuse Coordinating Agency.</p>	<p>The PIHP will complete a standardized letter that identifies the relationship between the PIHP, Affiliate CMHSP's, and the Coordinating Substance Abuse Agencies. This standardized letter will be distributed to all agencies that our Affiliate CMHSP's and coordinating CA's have interagency agreements with. Those agencies will be requested to attach the letter to the existing agreements that are in place. The PIHP will delegate the responsibility of distributing these letters to the appropriate Affiliate CMHSP's and coordinating CA's, but will ensure that it is completed through follow up. A draft of the standardized letter is attached. The PIHP would appreciate your feedback regarding the content of the letter to meet compliance with these indicators.</p>

SITE REVIEW CORRECTIVE ACTION PLAN (CAP) TEMPLATE: Revised Final POC:11/08

PIHP: CMH AFFILIATION OF MID-MICHIGAN

SURVEY DATE: June 9-27, 2008

DIMENSIONS/INDICATORS	RECOMMENDED REMEDIAL ACTION	REMEDIAL ACTION AND TIME FRAME FOR IMPLEMENTATION
<p>Vocational Education Act of 1984</p>		<p>Timeframe for Implementation: 01/31/09</p>
<p>E.5. Jobs Commission</p> <p>Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work;</p> <p>B.B.A. 438.208</p> <p>AFP Section 2.4</p>	<p>Submit a plan with time frames for ensuring that all agreements reference the relationship between the PIHP, CMHSP and the Substance Abuse Coordinating Agency.</p>	<p>The PIHP will complete a standardized letter that identifies the relationship between the PIHP, Affiliate CMHSP's, and the Coordinating Substance Abuse Agencies. This standardized letter will be distributed to all agencies that our Affiliate CMHSP's and coordinating CA's have interagency agreements with. Those agencies will be requested to attach the letter to the existing agreements that are in place. The PIHP will delegate the responsibility of distributing these letters to the appropriate Affiliate CMHSP's and coordinating CA's, but will ensure that it is completed through follow up. A draft of the standardized letter is attached. The PIHP would appreciate your feedback regarding the content of the letter to meet compliance with these indicators.</p>

SITE REVIEW CORRECTIVE ACTION PLAN (CAP) TEMPLATE: Revised Final POC:11/08

PIHP: CMH AFFILIATION OF MID-MICHIGAN

SURVEY DATE: June 9-27, 2008

DIMENSIONS/INDICATORS	RECOMMENDED REMEDIAL ACTION	REMEDIAL ACTION AND TIME FRAME FOR IMPLEMENTATION
		Timeframe for Implementation: 01/31/09
<p>E.6. DHS*</p> <p>Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work;</p> <p>B.B.A. 438.208</p> <p>AFP Section 2.9</p>	<p>Submit a plan with time frames for ensuring that all agreements reference the relationship between the PIHP, CMHSP and the Substance Abuse Coordinating Agency.</p>	<p>The PIHP will complete a standardized letter that identifies the relationship between the PIHP, Affiliate CMHSP's, and the Coordinating Substance Abuse Agencies. This standardized letter will be distributed to all agencies that our Affiliate CMHSP's and coordinating CA's have interagency agreements with. Those agencies will be requested to attach the letter to the existing agreements that are in place. The PIHP will delegate the responsibility of distributing these letters to the appropriate Affiliate CMHSP's and coordinating CA's, but will ensure that it is completed through follow up. A draft of the standardized letter is attached. The PIHP would appreciate your feedback regarding the content of the letter to meet compliance with these indicators.</p> <p>Timeframe for Implementation: 01/31/09</p>
<p>E.7. Substance Abuse</p> <p>*Must have signed agreements at a minimum</p> <p>Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work;</p> <p>B.B.A. 438.208</p> <p>AFP Sections 2.9.6, 3.12</p>	<p>Submit a plan with time frames for ensuring that all agreements reference the relationship between the PIHP, CMHSP and the Substance Abuse Coordinating Agency.</p>	<p>The PIHP will complete a standardized letter that identifies the relationship between the PIHP, Affiliate CMHSP's, and the Coordinating Substance Abuse Agencies. This standardized letter will be distributed to all agencies that our Affiliate CMHSP's and coordinating CA's have interagency agreements with. Those agencies will be requested to attach the letter to the existing agreements that are in place. The PIHP will delegate the responsibility of distributing these letters to the appropriate</p>

SITE REVIEW CORRECTIVE ACTION PLAN (CAP) TEMPLATE: Revised Final POC:11/08

PIHP: CMH AFFILIATION OF MID-MICHIGAN

SURVEY DATE: June 9-27, 2008

DIMENSIONS/INDICATORS	RECOMMENDED REMEDIAL ACTION	REMEDIAL ACTION AND TIME FRAME FOR IMPLEMENTATION
		<p>Affiliate CMHSP's and coordinating CA's, but will ensure that it is completed through follow up. A draft of the standardized letter is attached. The PIHP would appreciate your feedback regarding the content of the letter to meet compliance with these indicators.</p> <p>Timeframe for Implementation: 01/31/09</p>
<p>E.9. Documentation at a minimum addresses coordination of care between the PIHP and the QHP for people who are case managed and/or are using psychotropic medications.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work;</p> <p>B.B.A. 438.208</p>	<p>Submit a plan with time frames for ensuring that coordination of health care with primary care physicians occurs and is integrated into clinical records, as appropriate.</p>	<p>The PIHP shall review with the Affiliates the requirements for coordination of care and ensure that it is documented in the clinical record.</p> <p>Timeframe for Implementation: 11/01/2008</p>
<p>E.10. The PIHP ensures that each individual's privacy is protected in accordance with privacy requirements in 45 CFR parts 160 and 164 subparts A and E, if applicable.</p> <p>Medicaid Managed Specialty Services and Supports Contract, Part 2 - Statement of Work;</p> <p>B.B.A. 438.208</p> <p>AFP Section 3.10.6, 3.10.8</p>	<p>Submit a plan with time frames for ensuring that:</p> <ul style="list-style-type: none"> • Staff members receive HIPAA privacy and security policies and procedures. • Staff members receive education/training relevant to implementation of the required policies, consents, notices, etc. • The PIHP revisits the idea of having an affiliation wide authorization Form for the use/disclosure/exchange of confidential/protected information and that it also not be used for multiple entities or in multiple ways for the 	<p>Each Affiliate shall submit evidence that:</p> <ul style="list-style-type: none"> • Staff members receive HIPAA privacy and security policies and procedures. • Staff members receive education/training relevant to implementation of the required policies, consents, notices, etc. • The PIHP revisits the idea of having an affiliation wide authorization form for the use/disclosure/exchange of confidential/protected information and that it also not be used for multiple entities or in multiple ways for the

SITE REVIEW CORRECTIVE ACTION PLAN (CAP) TEMPLATE: Revised Final POC:11/08

PIHP: CMH AFFILIATION OF MID-MICHIGAN

SURVEY DATE: June 9-27, 2008

DIMENSIONS/INDICATORS	RECOMMENDED REMEDIAL ACTION	REMEDIAL ACTION AND TIME FRAME FOR IMPLEMENTATION
	sharing of information. <ul style="list-style-type: none"> • The PIHP develops an affiliation wide form to be used for substance use notice of confidentiality. 	sharing of information. <p>The PIHP with the compliance committee shall develop an affiliation wide form to be used for substance use notice of confidentiality.</p> <p>Timeframe for Implementation: 11/01/2008</p>
F.11. Clinical records.	Submit a plan with time frames for ensuring that: <ul style="list-style-type: none"> • Clinicians complete forms inclusive of dated signatures and credentials. • Prompts designed to ensure compliance are consistently completed. • Clinicians use current forms. • Forms are designed to complete compliance. • White out is not used in a clinical record. • Guardianship documents are filed in the clinical record. • Documents are accurately filed. • Changes in the clinical record are accurately recorded. 	The PIHP shall monitor for compliance with documentation standards during the annual PIHP audit. <p>Timeframe for Implementation: 01/01/2009</p>