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AUDIT NAME
2024 CMHSP Program Specific- Non-Waiver Standards

PASSING %
100

☐ Consumer linked to this audit

☐ Staff Audit

SECTIONS

Section

NUMBER TITLE
1 CMHSP Program Specific - Assertive Community Treatment

SECTION QUESTIONS

Questions			
1	1.1 ACT services are provided by all members of a mobile, multi-disciplinary team (all team members see all consumers unless there is a clinical reason to do otherwise)	Met/Partially Met/Not Met	N/A
2	1.2a ACT team includes ACT team includes: a. A full-time leader whose experience includes at least two years post-degree clinical work with adults who have a serious mental illness, and is fully licensed, minimally possessing a master's degree in a relevant discipline, with appropriate licensure to provide clinical supervision to the ACT team staff.	Met/Partially Met/Not Met	N/A
3	1.2b A physician- The physician is considered a part of the ACT team, but is not counted in the staff-to-beneficiary ratio	Met/Partially Met/Not Met	N/A
4	1.2c A full-time RN	Met/Partially Met/Not Met	N/A
5	1.2d A case or care manager, possessing minimally a bachelor's degree in a human services discipline, who possesses appropriate licensure to provide the core elements of case or care management with at least one year of experience providing services to adults with a mental illness, and is a QMHP. If the case or care manager has a bachelor's degree but is without one year of experience working with adults with serious mental illness or co-occurring disorders and otherwise meets the requirements of the QMHP, documentation of clinical supervision is provided in the beneficiary record. (Revised 4/1/20)	Met/Partially Met/Not Met	N/A

6	1.2e Individual/family/group counseling provided by a QMHP, including a limited-licensed master's degree social worker who is supervised by a licensed master's degree social worker. (Revised 4/1/20)	Met/Partially Met/Not Met	N/A
7	1.2f Up to one Full Time Equivalent (FTE) Peer Support Specialist (PSS) may substitute for one QMHP to achieve the 1:10 required staff-to-beneficiary ratio.	Met/Partially Met/Not Met	N/A
8	1.2g Up to one FTE paraprofessional staff to work with ACT teams may be counted in the staff-to-beneficiary ratio.	Met/Partially Met/Not Met	N/A
9	1.2h If the ACT team provides substance use disorder services, there must be a designated Substance Abuse Treatment Specialist who has one or more credentials through the Michigan Certification Board of Addiction Professionals (MCBAP).	Met/Partially Met/Not Met	N/A
10	1.3 ACT team is sufficient in number to provide an intensive service array 24/7 and team size is based on a staff to consumer ratio of not more than 1:10	Met/Partially Met/Not Met	N/A
11	1.4 Team meetings are held Monday - Friday and documented, including attendees and consumers discussed. Psychiatrist, Physician and/or Nurse Practitioner participates in ACT team meetings at least weekly.	Met/Partially Met/Not Met	N/A
12	1.5 Majority (80%) 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.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS
Questions

NUMBERTITLE

2 CMHSP Program Specific - Self-DIrection

SECTION QUESTIONS			
Questions			
1	2.1 People receiving services and supports through the public mental health system shall direct the use of resources to choose meaningful specialty mental health services and supports in accordance with their IPOS as developed through the person-centered planning process.	Met/Partially Met/Not Met	N/A

2	2.2 Individuals receive information about self-direction and the manner in which it may be accessed and applied is provided to everyone receiving mental health services. (Direct Employment Model, Agency Supported Self-Direction Model, or Purchase of Service Model)	Met/Partially Met/Not Met	N/A
3	2.3a The CMHSP provides education and training for the individual on a. Being an employee	Met/Partially Met/Not Met	N/A
4	2.3b Managing employees	Met/Partially Met/Not Met	N/A
5	2.3c Medicaid documentation expectations	Met/Partially Met/Not Met	N/A
6	2.3d Department of Labor (DOL)/ Fair Labor Standards Act (FLSA) Laws	Met/Partially Met/Not Met	N/A
7	2.3e Roles and responsibilities of CMHSP, Financial Management Services (FMS) provider, and the individual (employer)	Met/Partially Met/Not Met	N/A
8	2.3f Budget management	Met/Partially Met/Not Met	N/A
9	2.4a The IPOS of a person choosing self-direction must include: a. Services the person will direct and control, including if the individual will directly hire workers and control the individual budget.	Met/Partially Met/Not Met	N/A
10	2.4b What support is chosen by the individual to help them direct their services.	Met/Partially Met/Not Met	N/A
11	2.4c The employer's chosen method for documentation of services provided (sections III b, V.3 and VI. of the technical requirement).	Met/Partially Met/Not Met	N/A
12	2.4d The FMS provider chosen by the individual.	Met/Partially Met/Not Met	N/A
13	2.5 CMHSP policies and procedures for self-direction ensure the CMHSP does not violate Department of Labor laws (avoid appearance of co-employment).	Met/Partially Met/Not Met	N/A
14	2.6 The individual budget and the arrangements that support self-direction are included as part of the person-centered planning process.	Met/Partially Met/Not Met	N/A
15	2.7 The CMHSP supports the individual's right to choose their provider. Providers must meet Medicaid Provider Qualifications and complete Required Training. (Differences between aide level employees working with adults and children on SED and CWP waivers).	Met/Partially Met/Not Met	N/A

16	2.8 Individual Budget: The individual budget is developed with the individual during the person-centered planning process, at least annually, or when changes are needed. The Estimated Cost of Services (ECOS) is used as a tool to inform the budget process.	Met/Partially Met/Not Met	N/A
17	2.9 The CMHSP has a cost schedule for each service to be used while developing the budget. Individual budgets are cost neutral.	Met/Partially Met/Not Met	N/A
18	2.10 The CMHSP ensures the service cost must not be less than the contracted, provider rate for the same service for the level of need for that individual.	Met/Partially Met/Not Met	N/A
19	2.11 The CMHSP ensures that the individual budget is flexible and accessible. The individual is aware of how to make changes in the framework of the budget and who to contact to do so.	Met/Partially Met/Not Met	N/A
20	2.12 The CMHSP can control in the individual budget: a. An established training rates b. Requirements for workman's compensation insurance c. Establish the maximum amount of Medicaid funds used in the budget. d. A system for budget oversight e. Authorize the budget for the same timeframe as the IPOS.	Met/Partially Met/Not Met	N/A
21	2.13 Internal CMHSP authorization processes do not interfere with control of the individual budget. For example, a three-month authorization can lead to difficulty with flexibility and control of the budget.	Met/Partially Met/Not Met	N/A
22	2.14 Agency Supported Self-Direction Model: Agencies are in-network with the CMHSP and FMS is not used. Agreements are signed to support this model. a. SD Agreement b. Medicaid Provider Agreement c. Agency Supported SD Services Provider Agreement	Met/Partially Met/Not Met	N/A
24	2.15 Purchase of Service Model: This model is used when an individual chooses a non-contracted provider agency or professional provider (OT, Nursing, Psychiatric etc.) a. Provider is not a contracted/ panel provider. b. CMHSP is responsible for credentialing.	Met/Partially Met/Not Met	N/A

	c. CMHSP monitors service delivery		
25	2.16 Agreements are signed to support this model. a. SD Agreement b. Medicaid Provider Agreement c. Purchase of Service Agreement d. FMS Agreement	Met/Partially Met/Not Met	N/A
26	2.17 The CMHSP has a process for limiting or terminating a self-directed services arrangement by removing the source of funding to self-direct services.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS
Questions

NUMBERTITLE

3 CMHSP Program Specific - Fiscal Management Services (FMS) Monitoring)

SECTION QUESTIONS			
Questions			
1	3.1 CMHSP ensures access to individual choice of FMS providers within the region. The CMHSP has at least on FMS agency currently under contract (at least two FMS providers within the region)..	Met/Partially Met/Not Met	N/A
2	3.2 CMHSP assures FMS providers meet all qualifications in the technical requirement, as well as Medicaid provider requirements.	Met/Partially Met/Not Met	N/A
3	3.3 CMHSP must assure FMS providers are oriented to and supportive of the principles of self-direction. Contracts with FMS providers identify the scope and functions of the FMS consistent with MDHHS policy, technical requirements, and Medicaid Provider Manual. The CMHSP may contract with the FMS provider to assist with supportive functions such as verification of employee qualifications, background checks, provider qualification checks, tracking training completion and driving record checks.	Met/Partially Met/Not Met	N/A
4	3.4 CMHSPs must require indemnification and professional liability for non-performance or negligent performance of FMS duties.	Met/Partially Met/Not Met	N/A
5	3.5 A contact person is identified at the FMS provider for troubleshooting problems and resolving disputes.	Met/Partially Met/Not Met	N/A

6	3.6 The CMHSP provide opportunities for individuals using FMS services and their allies to provide input into the development and scope of the FMS services and the implementation of those services for that individual.	Met/Partially Met/Not Met	N/A
7	3.7 FMS providers are free from conflicts of interest (not a provider of any other mental health services and supports or any other publicly funded services).	Met/Partially Met/Not Met	N/A
8	3.8a The CMHSP assures FMS providers have policies and procedures to assure: a. Adherence to Federal and State laws and regulations (including Medicaid integrity.	Met/Partially Met/Not Met	N/A
9	3.8b Compliance with documentation requirements related to management of public funds.	Met/Partially Met/Not Met	N/A
10	3.8c Fiscal accountability for the funds in the individual budgets.	Met/Partially Met/Not Met	N/A
11	3.8d Timely invoicing, service activity, and cost reporting to the CMHSP for services as required by the contract.	Met/Partially Met/Not Met	N/A
12	3.9 The CMHSP conducts periodic clinical documentation review to ensure Medicaid standards are being met	Met/Partially Met/Not Met	N/A
13	3.10 CMHSP has systems in place to support the employer in addressing Medicaid concerns related to their employees.	Met/Partially Met/Not Met	N/A
14	3.11a Verification that FI FMS is fulfilling contract requirements:; a. Verification of demonstrated competency in safeguarding, managing and disbursing Medicaid and other public funds. CMHSP has evidence that fiscal accountability functions are completed.	Met/Partially Met/Not Met	N/A
15	3.11b CMHSP has evidence that employment functions are completed by either FMS or CMHSP (i.e., criminal background checks, sanctioned providers verification, etc.).	Met/Partially Met/Not Met	N/A
16	3.11c CMHSP has audited a sample of individual budgets to compare authorizations vs. expenditures.	Met/Partially Met/Not Met	N/A
17	3.11d Evaluation of feedback (experience and satisfaction) from individuals using FMS	Met/Partially Met/Not Met	N/A

	services and other data from individuals (more than just mailed surveys).

SECTION QUESTIONS
Questions

NUMBERTITLE

4 CMHSP Program Specific - Peer Delivered and Operated Services (Drop-In Centers)

SECTION QUESTIONS			
Questions			
1	4.1 Staff and board of directors of the Drop In Center are each primary consumers.	Met/Partially Met/Not Met	N/A
2	4.2 The CMHSP supports consumer's autonomy and independence in making decisions about the Drop in Center's operations and financial management.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS
Questions

NUMBERTITLE

5 CMHSP Program Specific - Home-Based Services

SECTION QUESTIONS			
Questions			
1	5.1 Responsibility for directing, coordinating, and supervising the staff/program are assigned to a specific staff position. The supervisor of the staff/ program must meet the qualifications of a Qualified Mental Health Professional and be a child mental health professional with three years of clinical experience.	Met/Partially Met/Not Met	N/A
2	5.2 The worker-to-family ratio meets the 1:12 requirements established in the Medicaid Provider Manual. For families transitioning out of home-based services, the maximum ratio is 1:15 (12 active, 3 transitioning).	Met/Partially Met/Not Met	N/A
3	5.3 A minimum of 4 hours of individual and/or family face-to-face home-based services per month are provided by the primary home-based services worker (or, if appropriate, the evidence-based practice therapist).	Met/Partially Met/Not Met	N/A
4	5.4 Home based services are provided in the family home or community.	Met/Partially Met/Not Met	N/A
5	5.5 Home-based services staff must receive weekly clinical (one on one and/or group) supervision.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS
Questions

NUMBERTITLE

6 CMHSP Program Specific - Clubhouse Psycho-Social Rehabilitation Program

SECTION QUESTIONS			
Questions			
1	6.1 Members have access to the clubhouse during times other than the ordered day, including evenings, weekends, and all holidays.	Met/Partially Met/Not Met	N/A
2	6.2 The program has a schedule that identifies when program components occur.	Met/Partially Met/Not Met	N/A
3	6.3 The program has an ordered day; vocational & educational support; member supports (outreach, self-help groups, sustaining personal entitlements, help locating community resources, and basic necessities); social opportunities that build personal, community and social competencies.	Met/Partially Met/Not Met	N/A
4	6.4 Services directly relate to employment, including transitional employment, supported employment, on-the-job training, community volunteer opportunities, and supports for the completion of educational and other vocational assistance must be available.	Met/Partially Met/Not Met	N/A
5	6.5 Members can influence and shape program operations. Clubhouse decisions are generally made by consensus.	Met/Partially Met/Not Met	N/A
6	6.6 Current Clubhouse International Accreditation (or progress toward to meet deadline)	Met/Partially Met/Not Met	N/A
7	6.7 Member choice and involvement shall be illustrated by: Voluntary membership Without time-limits Supports/services not differentiated by diagnosis or level of functioning Individual-determined schedule of attendance and choose a work unit that they will regularly participate in Active engagement and support from staff Reflects the beneficiary's preferences and needs Formal and informal decision-making is a part of the clubhouse	Met/Partially Met/Not Met	N/A

	Staff and members work side by side

SECTION QUESTIONS
Questions

NUMBERTITLE

8 CMHSP Program Specific - Targeted Case Management

SECTION QUESTIONS			
Questions			
1	8.1 Persons must be provided a choice of available, qualified case management staff upon initial assignment and on an ongoing basis.	Met/Partially Met/Not Met	N/A
2	8.2 The case manager completes an initial written comprehensive assessment and updates it as needed.	Met/Partially Met/Not Met	N/A
3	8.3a The case record contains sufficient information to document the provision of case management services. This includes: a. The nature of the service, the date, and the location of contacts between the case manager and the beneficiary, including whether the contacts were face to face.	Met/Partially Met/Not Met	N/A
4	8.3b The frequency of face-to-face contacts must be dependent on the intensity of the beneficiary's needs.	Met/Partially Met/Not Met	N/A
5	8.3c The case manager must review services at intervals defined in the individual plan of service.	Met/Partially Met/Not Met	N/A
6	8.3d The plan shall be kept current and modified when indicated (reflecting the intensity of the beneficiary's health and welfare needs). A beneficiary or his/her guardian or authorized representative may request and review the plan at any time.	Met/Partially Met/Not Met	N/A
7	8.3e A formal review of the plan shall not occur less often than annually to review progress toward goals and objectives and to assess beneficiary satisfaction.	Met/Partially Met/Not Met	N/A
8	8.4 The case manager determines if the services and supports have been delivered, and if they are adequate to meet the needs/wants of the beneficiary. Frequency and scope (face-to-face and telephone) of case management monitoring activities must reflect the intensity of the beneficiary's health and welfare needs identified in the individual plan of services.	Met/Partially Met/Not Met	N/A

9	8.5 The CMHSP assures that the conflict of interest requirements of the HCBS Final Rule are met. The person responsible for the PCP process is separate from the eligibility determination, and assessment, and service provision responsibilities.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS
Questions

NUMBERTITLE

9 CMHSP Program Specific - Children's Intensive Crisis Stabilizaiton Services

SECTION QUESTIONS			
Questions			
1	9.1 These services are for beneficiaries who have been assessed to meet criteria for psychiatric hospital admissions but who, with intense interventions, can be stabilized and served in their usual community environments. These services may also be provided to beneficiaries leaving inpatient psychiatric services if such services will result in a shortened inpatient stay. Policies include servicing children or youth, ages 0 to 21, with SED and/or I/DD, including autism, or co-occurring SED and SUD	Met/Partially Met/Not Met	N/A
2	9.2 Face to face contacts is occurring within one hour or less in urban counties and in two hours in rural counties from the time of the request for ICSS	Met/Partially Met/Not Met	N/A
3	9.3 Services include: Assessment Intensive individual counseling/ psychotherapy Family therapy Skill building Psychoeducation There is evidence of access to an on-call psychiatrist for team members (must always be available by telephone).	Met/Partially Met/Not Met	N/A
4	9.4 For children: ICSS staff consists of at least two who travel to the child or youth in crisis. One team member must be a Master's prepared Child Mental Health Professional (or Master's prepared QIDP, if applicable) and the second team member may be another professional or para-pro under appropriate supervision.	Met/Partially Met/Not Met	N/A

5	9.5 For children/youth: If the child or youth is a current recipient of CMHSP services, the existing IPOS and crisis/safety plan must be updated For children or youth who are not yet recipients of CMHSP services but are eligible for such services, a family-driven and youth-guided follow-up plan must be developed.	Met/Partially Met/Not Met	N/A
6	9.6 If the child or youth is a current recipient of CMHSP services, there is evidence of the mobile intensive crisis stabilization team members notifying the primary therapist, case manager, or Wraparound facilitator, as applicable, of the contact with the mobile intensive crisis stabilization team the next business day. Evidence that a follow-up contact has been made with the child or youth and parent/caregiver by the primary therapist, case manager, or wraparound facilitator once the primary case holder was informed of the child or youth's contact with the ICSS team.	Met/Partially Met/Not Met	N/A
7	9.7a If the child or youth is not yet a recipient of CMHSP services but is eligible for such services, the follow-up plan must include: a. Appropriate referrals to mental health assessment and treatment resources and any other resources the child or youth and parent/caregiver may require	Met/Partially Met/Not Met	N/A
8	9.7b Next steps for obtaining needed services, timelines for those activities, and identifies the responsible parties.	Met/Partially Met/Not Met	N/A
9	9.7c he mobile intensive crisis stabilization team members have contacted the parent/ caregiver by phone or face-to-face within seven business days to determine the status of the stated goals in the follow-up plan	Met/Partially Met/Not Met	N/A
10	9.8 If Adult Intensive Crisis Stabilization Services are provided: An ICSS treatment plan is developed within 48 hours. If the beneficiary receives case management services, the case manager must be involved in the treatment and follow-up services	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE
12 CMHSP Program Specific - Trauma Informed Care

SECTION QUESTIONS			
Questions			
1	12.1 The CMHSP has written and approved policies and procedures for implementation of a trauma-culture.	Met/Partially Met/Not Met	N/A
2	12.2 Implementation of an organizational self-assessment every three years.	Met/Partially Met/Not Met	N/A
3	12.3 Adoption of approaches and procedures to prevent and address secondary/vicarious trauma.	Met/Partially Met/Not Met	N/A
4	12.4 Use of population and age specific trauma-informed screen and assessment tool.	Met/Partially Met/Not Met	N/A
5	12.5 Use of trauma-informed evidence-based practice(s) (EBPs) for treatment and recovery services including procedures to address building trust, safety, collaboration, empowerment, resilience, and recovery.	Met/Partially Met/Not Met	N/A
6	12.6 Collaboration with community organizations to support development of a trauma informed community that promotes behavioral health and reduces likelihood of mental illness and substance use disorders.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS
Questions

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Section