

OK To Use

 AUDIT NAME  
 2024 Standard III Availability of Services

 PASSING %  
 100

 Consumer linked to this audit

 Staff Audit

SECTIONS			
Section			
NUMBER	TITLE		
1	III. Delivery Network		
SECTION QUESTIONS			
Questions			
1	3.1 The CMHSP maintains and monitors a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all services covered under the contract for all enrollees, including those with limited English proficiency or physical or mental disabilities.	Met/Partially Met/Not Met	N/A
2	3.2 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 meet medical necessity criteria.	Met/Partially Met/Not Met	N/A
3	3.3 Female enrollees are provided with direct access to a women's health specialist within the provider network for covered care necessary to provide women's routine and preventive health care services. This is in addition to the enrollee's designated source of primary care if that source is not a women's health specialist.	Met/Partially Met/Not Met	N/A
4	3.4 The CMHSP provides for a second opinion from a network provider or arranges for enrollee to obtain one outside the network, at no cost to the enrollee.	Met/Partially Met/Not Met	N/A
5	3.5 If the provider network is unable to provide necessary services covered under the contract for an enrollee, the CMHSP must adequately and timely cover these services out of network for the enrollee, for as long as the provider network is unable to provide them.	Met/Partially Met/Not Met	N/A
6	3.6 Requires out of network providers to coordinate with the CMHSP for payment and ensures the cost to the enrollee is no	Met/Partially Met/Not Met	N/A

	greater than it would be if the services were furnished within network.		
7	3.7 Network providers are credentialed in accordance with MDHHS Credentialing and Re-credentialing Processes, June 2021.	Met/Partially Met/Not Met	N/A
8	3.8 Demonstrates that its network includes sufficient family planning providers to ensure timely access to covered services.	Met/Partially Met/Not Met	N/A

**SECTION QUESTIONS**

Questions

NUMBERTITLE  
2 III. Timely Access

SECTION QUESTIONS			
Questions			
1	3.9 The CMHSP and network providers meet State standards for timely access to care and services, taking into account the urgency of the need for services.	Met/Partially Met/Not Met	N/A
2	3.10 The CMHSP and network providers offer hours of operation that are no less than the hours of operation offered to commercial enrollees or comparable to Medicaid Fee for Service, if the provider serves only Medicaid enrollees.	Met/Partially Met/Not Met	N/A
3	3.11 Make services included in the contract available 24 hours a day, 7 days a week, when medically necessary..	Met/Partially Met/Not Met	N/A
4	3.12 The Access System is available 24 hours per day, 7 days per week including in-person and by telephone access for people who are deaf and hard of hearing.	Met/Partially Met/Not Met	N/A
5	3.13 Establish mechanisms to ensure compliance by network providers.	Met/Partially Met/Not Met	N/A
6	3.14 Monitor network providers regularly to determine compliance.	Met/Partially Met/Not Met	N/A
7	3.15 Take corrective action if there is a failure to comply by a network provider.	Met/Partially Met/Not Met	N/A
8	3.16 Services are delivered in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of sex.	Met/Partially Met/Not Met	N/A

9	3.17 The CMHSP and network providers provide physical access, reasonable accommodations, and accessible equipment for Medicaid enrollees with physical or mental disabilities.	Met/Partially Met/Not Met	N/A
---	--	---------------------------	-----

**SECTION QUESTIONS**

Questions

NUMBERTITLE

3 III. Access System Standards

<b>SECTION QUESTIONS</b>			
Questions			
1	3.18 Priority Population Management and Determining Coverage Eligibility for Substance Abuse Treatment Services standards are addressed in the LRE Delegated Functions Tool for SUD Services.	Met/Partially Met/Not Met	N/A
2	3.19 CMHSP staff and network providers provide all individuals with a welcoming access experience.	Met/Partially Met/Not Met	N/A
3	3.20 For non-emergent calls, a person's time on-hold awaiting a screening does not exceed 3 minutes without being offered an option for callback or talking with a non-professional in the interim.	Met/Partially Met/Not Met	N/A
4	3.21 All non-emergent callbacks occur within one business day of initial contact.	Met/Partially Met/Not Met	N/A
5	3.22 Individuals with routine needs are screened or other arrangements made within 30 minutes.	Met/Partially Met/Not Met	N/A
6	3.23 Individuals approaching the access system receive timely and appropriate crisis intervention services.	Met/Partially Met/Not Met	N/A
7	3.24 Individuals approaching the access system are informed of available service options and how to access services.	Met/Partially Met/Not Met	N/A
8	3.25 Initial/provisional eligibility and level of care determination is made by conducting a professional screening.	Met/Partially Met/Not Met	N/A
9	3.26 Short-term plan is developed; warm handoff (linking via direct connection) to services for which individuals have been screened and eligible to receive.	Met/Partially Met/Not Met	N/A
10	3.27 Access staff follow up with individuals who made contact within two (2) business days to	Met/Partially Met/Not Met	N/A

	ensure service needs have been met or to re-engage if referral connections have not been met.		
11	3.28 CMHSP provides initial support and response to enrollee complaints and grievances.	Met/Partially Met/Not Met	N/A
12	3.29 General community education and awareness related to behavioral health prevention, access, and treatment including outreach.	Met/Partially Met/Not Met	N/A
13	3.30 Required demographics, clinical/functional information is documented in PIHP Managed Care Information System.	Met/Partially Met/Not Met	N/A
14	3.31 Access system staff shall inquire about any established medical or psychiatric advance directives relevant to the provision of services.	Met/Partially Met/Not Met	N/A
15	3.32 Access system shall maintain the capacity to immediately accommodate individuals who present with: LEP and other linguistic needs Diverse cultural and demographic backgrounds Visual impairments Alternative needs for communication Mobility challenges	Met/Partially Met/Not Met	N/A

**SECTION QUESTIONS**

Questions

NUMBERTITLE

4 III. Community and Resources

<b>SECTION QUESTIONS</b>			
Questions			
1	3.33 The Organization shall have written policies, procedures, and plans that demonstrate the capability of the Access System to meet the standards:	Met/Partially Met/Not Met	N/A
2	3.34 An active outreach and education effort to ensure network providers and the community are aware of and how to use the Access System.	Met/Partially Met/Not Met	N/A
3	3.35 Regular and consistent outreach efforts to commonly underserved or unserved populations.	Met/Partially Met/Not Met	N/A
4	3.36 Access System staff are informed about and routinely refer individuals to community resources (e.g., alternatives to public mental health or SUD treatment services, but also resources that may help people meet other basic needs).	Met/Partially Met/Not Met	N/A

5	3.37 Maintain linkages with community crisis/emergency system, liaison with local law enforcement, and have a protocol for jail diversion.	Met/Partially Met/Not Met	N/A
6	3.38 There are mechanisms to prevent conflict of interest between the coverage determination function and access to, or authorization of services.	Met/Partially Met/Not Met	N/A
7	3.39 The Organization shall monitor provider capacity to accept new individuals and be aware of any provider organizations not accepting referrals at any point in time.	Met/Partially Met/Not Met	N/A
8	3.40 The Organization shall work with individuals, families, local communities, and others to address barriers to using the Access System, including those caused by lack of transportation.	Met/Partially Met/Not Met	N/A
9	3.41 State standards are met for timely access to care and services taking into account the urgency of need for service.	Met/Partially Met/Not Met	N/A
10	3.41a MMBPIS Indicator 1	Met/Partially Met/Not Met	N/A
11	3.41b MMBPIS Indicator 2	Met/Partially Met/Not Met	N/A
12	3.41c MMBPIS Indicator 3	Met/Partially Met/Not Met	N/A

**SECTION QUESTIONS**

Questions

NUMBERTITLE

5 III. Network Adequacy Standards

<b>SECTION QUESTIONS</b>			
Questions			
1	<p>3.42 The State has developed network adequacy standards based on Federal requirements for behavioral health (mental health &amp; substance use disorder), adult and pediatric.</p> <p>The CMHSP provides data to the PIHP to meet requirements for MDHHS Network Adequacy Standards. These include time/distance standards and Medicaid enrollee-to-provider ratios for services congruent with community need and statewide strategic priorities.</p>	Met/Partially Met/Not Met	N/A
2	<p>3.43 Time and Distance Standard Time and distance standards categorized by urban/rural geographies and frontier status apply to all services.</p>	Met/Partially Met/Not Met	N/A

	a.) For Adults: Services include, ACT, Crisis Residential, Inpatient Psychiatric, Opioid Treatment Programs, and Psychosocial Rehabilitation Programs (Clubhouse).		
3	3.44 For Children (Pediatrics): Services include Inpatient Psychiatric, Home-Based, Wraparound and Crisis Residential.	Met/Partially Met/Not Met	N/A
4	3.45 Enrollee to Provider Ratio Standards For Adults: Enrollee to provider ratio standards apply to ACT, Crisis Residential, Opioid Treatment Programs, and Psychosocial Rehabilitation Programs (Clubhouse).	Met/Partially Met/Not Met	N/A
5	3.46 Enrollee to Provider Ratio Standards For Children (Pediatrics): Enrollee to provider ratio standards apply to Home-Based, Wraparound and Crisis Residential Services.	Met/Partially Met/Not Met	N/A

**SECTION QUESTIONS**

Questions

**SECTIONS**

Section