

**CWP 1915 (c) WAIVER SITE REVIEW REPORT**

CMHSP: West Michigan

Date(s): November 3 - 4, 2016

DIMENSIONS/INDICATORS	Yes	No	FINDINGS	REMEDIAL ACTION
<b><u>A. ADMINISTRATIVE PROCEDURES</u></b>				
<b>A.1 All</b>				
<p>A.1.1. The PIHP has adopted common policies for use throughout the service area for critical incidents.</p> <p>Medicaid Managed Specialty Supports and Services contract, Section 6.4;</p> <p>AFP Sections 3.8, 4.0</p> <p>42 CFR 438.214.</p> <p>Waiver Assurance for Participant Safeguards</p>			See the Lakeshore HSW report.	
<p>A.1.2. The PIHP has policy and business procedures to assure regular monitoring and reporting on each network provider for critical incidents.</p> <p>42 CFR 438.230(b)(4)</p> <p>42 CFR 438.810</p> <p>Medicaid Managed Specialty Supports and Services contract, Section 6.4;</p> <p>AFP Sections 2.5, 3.8, 3.1.8</p> <p>Waiver Assurance for Participant Safeguards</p>			See the Lakeshore HSW report.	
<p>A.1.3 Review and verify that the process is being implemented according to policy.</p> <p>Waiver Assurance for Participant Safeguards</p>			See the Lakeshore HSW report.	

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<p>A.1.4 PIHP/CMHSP is implementing the Quality Improvement Project as approved by MDHHS.</p> <ul style="list-style-type: none"> <li>• PIHPs/CMHSPs document evidence of training on the revised IPOS policy/procedures.</li> <li>• PIHPs/CMHSPs incorporate ongoing monitoring tools for IPOS training into the internal review process.</li> <li>• PIHPs/CMHSPs incorporate ongoing monitoring tools for SEDW to ensure service and supports are provided as specified in the plan.</li> </ul>	1	0		
<b>A.2.CWP</b>				
A.2.1 CMHSP has a process to prior authorize all services. (PM A-3)	2	0		
A.2.2 Claims are coded in accordance with MDHHS policies and procedures. (PM I-1)	2	0		
<b>E. ELIGIBILITY</b>				
<p><b><u>E. Eligibility</u></b>                      (Medicaid Provider Manual, Mental Health/Substance Abuse)</p>				
<b>E.1.CWP</b>				
<p>E.1.1: Child is developmentally disabled.                      Evidence:                      1. Three or more areas of substantial functional limitations are identified. Within the last 12 months, assessments have been completed and/or supporting documentation obtained that reflect all of the consumer's current functional abilities and any current substantial functional</p>	2	0		

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limitations identified in the areas of self-care, understanding and use of language (expressive and receptive), learning (functional academics), mobility, and self-direction. For consumers age 16 and older, functional abilities and any current substantial functional limitations are identified in the areas of capacity for independent living and economic self-sufficiency. Or 2. If the consumer is a minor from birth to age 9, documentation is provided of a related condition and the current rationale to support a high probability of developing a developmental disability. (PM-B-3)				
E.1.2 The child is in need of active treatment. (Evidence: Within the last 12 months, assessments have been completed of the need for health and habilitative services designed to assist the consumer in acquiring, retaining, and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. (PM-B-3)	2	0		
<b>F. Freedom of Choice</b>				
<b>F.1. CWP</b>				
F.1.1 Parent was informed of right to choose among qualified providers. (evidence: Parents signature on the certification form) (PM-D-10)	2	0		
F.1.2 Parent was informed of their right to choose among the various waiver services. Evidence: 1. administrative records policies and procedures, 2. individual records; 3. consumer/Family interviews (PM-D-9)	2	0		

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<b>P. IMPLEMENTATION OF PERSON-CENTERED PLANNING</b>				
Medicaid Managed Specialty Services and Supports Contract, Attachment P 3.4.1.1. Person-Centered Planning Practice Guideline  MHC 712  Chapter III, Provider Assurances & Provider Requirements  Attach. 4.7.1 Grievances and Appeals Technical Requirement.				
<b>P.1. CWP</b>				
P.1.1: The IPOS is developed through a person-centered process that is consistent with Family-Driven, Youth-Guided Practice and Person Centered Planning Policy Practice Guidelines. (PM-D-3)	2	0		
P.1.2: The IPOS addresses all service needs reflected in the assessments. (PM-D-1)	2	0		
P.1.3: The strategies identified in the IPOS are adequate to address assessed health and safety needs, including coordination with primary care providers. (PM-D-2)	2	0		
P.1.4: The IPOS is developed in accordance with policies and procedures established by MDHHS. Evidence: 1. plan contains measurable goals/objectives and time frames; 2. Category of Care/Intensity of Care determination was completed by staff certified or trained by MDHHS in Category of Care/Intensity of Care determination. (PM D-4)	2	0		

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<b>P. PLAN OF SERVICE AND DOCUMENTATION REQUIREMENTS</b>				
<b>P.4.CWP</b>				
P.4.1: A current narrative supports the identified Category of Care/Intensity of Care determination and services are authorized and provided accordingly. (PM-D-4)	2	0		
P.4.2 Services and supports are provided as specified in the IPOS including type, amount, scope duration and frequency. (PM-D-7)	2	0		
P.4.3: Billings reflect only those services and frequencies of services that are identified in the IPOS. (PM I-1)	2	0		
P.4.4: Physician-signed prescriptions for OT, PT, and PDN services are in the file and include a date, diagnosis, specific service or item description, start date and the amount or length of time the service is needed. (PM-D-4)	2	0		
P.4.5: Physician-signed and dated prescriptions for locally authorized waiver durable medical equipment and supplies are in the file. (PM-D-4)	----	----	There was no beneficiary in the selected review that received durable medical equipment and supplies.	
P.4.6: The IPOS was updated at least annually. (PM-D-5)	2	0		
P.4.7: The IPOS was reviewed both at intervals specified in the IPOS and when there were changes to the waiver participant's needs (evidence: IPOS is updated if assessments/quarterly reviews/progress notes indicate there are changes in the child's condition). (PM-D-6)	2	0		
<b>B. BEHAVIOR TREATMENT PLANS AND REVIEW COMMITTEES</b>				
Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.				
B.1.The BTPRC process includes all the following elements as required by the Technical Requirement for Behavior Treatment Plan	1	0		

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<p>Review Committees:</p> <ol style="list-style-type: none"> <li>1. Documentation that the composition of the Committee and meeting minutes comply with the TR;</li> <li>2. Evaluation of committees' effectiveness occurs as specified in the TR;</li> <li>3. Quarterly documentation of tracking and analysis of the use of all physical management techniques and the use of intrusive/restrictive techniques by each individual receiving the intervention;</li> <li>4. Documentation of the QAPIP's OR QIP's evaluation of the data on the use of intrusive or restrictive techniques;</li> <li>5. Documentation of the Committees' analysis of the use of physical management and the involvement of law enforcement for emergencies on a quarterly basis;</li> <li>6. Documentation that behavioral intervention related injuries requiring emergency medical treatment or hospitalization and death are reported to the Department via the event reporting system;</li> <li>7. Documentation that there is a mechanism for expedited review of proposed behavior treatment plans in emergent situations.</li> </ol> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>				
<p>B.2. Behavioral treatment plans are developed in accordance with the Technical Requirement for Behavior Treatment Plan Review Committees.</p>	1	0	1 n/a	

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<p>1. Documentation that plans that proposed to use restrictive or intrusive techniques are approved (or disapproved) by the committee</p> <p>2. Documentation that plans that include restrictive/intrusive interventions include a functional assessment of behavior and evidence that relevant physical, medical and environmental causes of challenging behavior have been ruled out.</p> <p>3. Are developed using the PCP process and reviewed quarterly</p> <p>4. Are disapproved if the use of aversive techniques, physical management, or seclusion or restraint where prohibited are a part of the plan</p> <p>5. Written special consent is obtained before the behavior treatment plan is implemented; positive behavioral supports and interventions have been adequately pursued (i.e. at least 6 months within the past year)</p> <p>6. The committee reviews the continuing need for any approved procedures involving intrusive or restrictive techniques at least quarterly.</p>				
<b>Q. STAFF QUALIFICATIONS</b>				
<b>Q.1. CWP</b>				
<p>Q.1.1 Clinical service providers and case managers are credentialed by the CMHSP prior to providing services. (Evidence: personnel records and credentialing documents –</p>	7	0		

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including licensure and certification and required experience for QIDP). (PM C-1)				
Q.1.2 Clinical service providers and case managers are credentialed by the CMHSP ongoing. (evidence: personnel records and credentialing documents-including licensure and certification and required experience for QIDP) (PM C-2)	7	0		
<p>Q.1.3 Non-licensed/non-certified providers meet provider qualifications.</p> <p>Personnel records contain documentation that staff is:</p> <ol style="list-style-type: none"> <li>1. At least 18 years of age,</li> <li>2. In good standing with the law</li> <li>3. Able to practice prevention techniques to reduce transmission of any communicable diseases.</li> </ol> <p>Documentation staff has completed all core training requirements – e.g. recipient rights, prevention of transmission of communicable diseases, first aid, CPR, and that staff is employed by or on contract with the CMHSP or hired through Choice Voucher arrangements.) (PM C-3)</p>	6	1	<p><b><u>REPEAT CITATION</u></b></p> <p>There was lack of evidence that non-licensed/non-certified providers consistently met the provider qualifications.</p> <p><i>There was lack of evidence of training in the prevention of transmission of communicable diseases.</i></p> <p>[STAFF NAME REDACTED] (WSA # XXXX)</p> <p><i>There was lack of evidence of training in recipient rights.</i></p> <p>[STAFF NAME REDACTED] (WSA # XXXX)</p>	<p>Submit a plan with timeframes to ensure that non-licensed/non-certified providers meet provider qualifications. The plan must be submitted within 30 days of receipt of this report and the finding must be corrected within 90 days after the corrective action plan has been approved by MDHHS.</p> <p><b>CMHSP Response:</b></p> <p>Individual-level response: [STAFF NAMED REDACTED] is no longer working with the recipient.</p> <p>Systemic response: A new Fiscal Intermediary (Stewart-Wilson) is being added to the provider panel. Stewart-Wilson will manage training requirements—both providing training and monitoring that it’s up to date. WM will negotiate with the existing FI (GT Independence) for the same service. WM staff will monitor the FI’s training records quarterly for one year to ensure compliance. Contract changes to be implemented by March 2017. 1 year of quarterly monitoring to be completed April 2018.</p>



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<p>Q.1.4 All CWP providers meet training requirements including training of CLS staff on the implementation of the IPOS by the appropriate professional. (Evidence: case file notes identifying the who, what and when of training, personnel files with documentation of training). (PM C-4)</p>	7	0		
<b>H. HOME VISITS/TRAINING/INTERVIEWS</b>				
<b>H.1 CWP HOME VISIT (WSA #XXXXXX)</b>				
<p>H.1.1 The current IPOS is in the home and the parent /guardian and staff have access to it. (evidence: a copy of the plan is in the home)</p>	1	0		
<p>H.1.2 The parent is offered a formal opportunity to express his/her level of satisfaction with the CWP. (evidence: as reported to the surveyor by the parent and documented by the surveyor's notes)</p>	1	0	<p>"I let them know all the time." "They are much appreciated." "--- is really doing well." "We hope to hire one more staff."</p>	
<p>H.1.3 Protocols for managing individual health and safety issues are identified in the IPOS and implemented by staff and parents.</p> <p>Evidence:</p> <ol style="list-style-type: none"> <li>1. Crisis and Safety Plans are current, accessible and – per report of the child/youth, parent and staff - responsive to need;</li> <li>2. Staff and parents know what the protocol is, where it is, and how to implement it</li> </ol>	1	0	<p>"Fire, tornado, community, etc. are all covered."</p>	