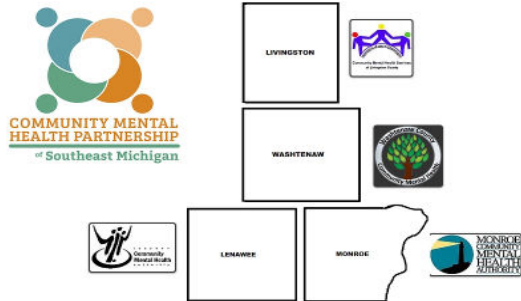


CM HPSM Regional Monitoring Tool

Reviewed and Updated: 2/7/2019



Administrative Monitoring Section

[A1: Admin Section for](#)

[A2: Admin Section for Non-Accredited Providers](#)

Service Monitoring Section

[B1: Licensed Resident](#)

[B2: Unlicensed CLS](#)

[B3: Skill Building / Sup](#)

[B4: ABA](#)

[B5: Fiscal Intermediary](#)

[B6: Outpatient](#)

[HR Worksheet](#)

[HCBS Non-residential](#)

Provider:		Onsite Date:			
Contact:		Offsite Date:			
Services:		Accredited By:			
Notes:		Total Score:	0%		
#	Requirement	Score	Poss	Notes	Req. Source
1	LARA Statewide licensing search indicates licensing compliance for all provider service sites operated by the Provider?		Y/N		CM HSP Contract: Contract Termination
2	The agency and its leadership/ownership are NOT suspended from participation in Medicaid/Medicare or on any federal exclusion lists? Agency is NOT currently sanctioned by the State of Michigan?		Y/N		CM HSP Contract: Assurances
3	Analysis of previous year's recipient rights complaints/ findings, including no substantial privacy or HIPPA violations, clinical, encounter data shows no recurring issues at this time?		Y/N		CM HSP Contract
4	Do they have proof of current accreditation status?		Y/N		CM HSP Contract: Accreditation
5	Proof that all insurances required by the CMHSP service contract are currently maintained?		Y/N		CM HSP Contract: Insurance
6	All financial audit reporting requirements were met during the past year?		Y/N		CM HSP Contract: Financial Audits
7	Contractor has implemented effective administrative, physical and technical safeguards to protect all forms of protected health information.		/ 2		CM HSP Contract: Confidentiality/HIPPA
8	Contractor has implemented safeguards to ensure Electronic Health Record is accessed on a need to know basis.		/ 2		CM HSP Contract: Confidentiality/HIPPA
9	Contractor is abiding by the CMHSP Limited English Proficiency policy and provides language assistance at no additional cost to the consumer.		/ 2		CM HSP Contract: Access to Care

#	Requirement	Score	Poss	Notes	Req. Source
10	CMHSP Recipient Rights history check on applicants.	/	2		CMHSP Contract: Personnel
11	Recipient Rights Poster with current contact information posted in prevalent location.	/	2		MMHC330.1755, CMHSP Contract: Recipient Rights
12	Whistleblowers protection act poster posted in prevalent location.	/	2		PA 469, CMHSP Contract: Personnel
13	Contractor is not delegating any contractual responsibilities without prior authorization by the CMHSP.	/	2		CMHSP Contract: Subcontracting
POLICY REVIEW SECTION					
14	POLICY REVIEW: Abuse and Neglect	/	2		MMHC330.1752
15	POLICY REVIEW: Administration of Medication & Medical Treatment (Medication Procedures & Use of Psychotropic Drugs)	/	2		MMHC330.1752
16	POLICY REVIEW: Assessments & Reassessments	/	2		MMHC330.1752
17	POLICY REVIEW: Communication by Mail, Telephone and Visits	/	2		MMHC330.1752 & .1726
18	POLICY REVIEW: Confidentiality and Access to Consumer Records	/	2		MMHC330.1752 & .1748
19	POLICY REVIEW: Consent to Treatment and Services	/	2		MMHC330.1752
20	POLICY REVIEW: Dignity and Respect	/	2		MMHC330.1752
21	POLICY REVIEW: Family Planning	/	2		MMHC330.1752 & 330.1938

#	Requirement	Score	Poss	Notes	Req. Source
22	POLICY REVIEW: Fingerprinting Photographs Recording		2		MMHC 330.1752 & 330.1724
23	POLICY REVIEW: Freedom of Movement		2		MMHC 330.1752
24	POLICY REVIEW: Office of Recipient Rights (Complaint and Appeal Process)		2		MMHC 330.1752
25	POLICY REVIEW: Personal Property and Funds		2		MMHC 330.1752 & .1728 & .1730
26	POLICY REVIEW: Physical Management and Restraint		2		MMHC 330.1752 & .1740
27	POLICY REVIEW: Religious Freedom and Spiritual Treatment		2		MMHC 330.1752
28	POLICY REVIEW: Right to entertainment material, information and news.		2		MMHC 330.1752
29	POLICY REVIEW: Services Suited to Condition		2		MMHC 330.1752
30	POLICY REVIEW: Work Performed by Recipient		2		MMHC 330.1752 & .1736
HCBS POLICY REVIEW SECTION (Licensed Residential Providers ONLY)					
31	Policies are in place to ensure staff ask before entering consumer's living areas (bedroom, bathroom)		2		HCBS Rule
32	Policies are in place to ensure consumers choose what they eat		2		HCBS Rule
33	Policies are in place to ensure consumers can choose to eat alone or with others		2		HCBS Rule

	# Requirement	Score	/ Poss	Notes	Req. Source
	34 Policies are in place to ensure consumers have access to food at any time		/ 2		HCBS Rule
	35 Policies are in place to ensure consumers can choose what clothes to wear		/ 2		HCBS Rule
	36 Policies are in place to ensure individuals have access to a communication device and can use it in a private place		/ 2		HCBS Rule
	37 Policies are in place that ensure if a consumer needs help with personal care, the individual receives support in privacy		/ 2		HCBS Rule
	38 Policies are in place to ensure consumers (with or without support) arrange and control their personal schedule of daily appointments and activities		/ 2		HCBS Rule
	39 Policies are in place to ensure consumers have full access to the kitchen at any time		/ 2		HCBS Rule
	40 Policies are in place to ensure consumers have full access to the dining area at any time		/ 2		HCBS Rule
	41 Policies are in place to ensure consumers have full access to the laundry area		/ 2		HCBS Rule
	42 Policies are in place to ensure consumers have full access to the comfortable seating area at any time		/ 2		HCBS Rule

#	Requirement	Score	Poss	Notes	Req. Source
43	Policies are in place to ensure consumers have full access to the bathroom at any time	/	2		HCBS Rule
44	Policies are in place to ensure there is space within the home for individuals to meet with visitors and have private conversations		2		HCBS Rule
45	Policies are in place to ensure consumers choose to come and go from the home when they want	/	2		HCBS Rule
46	Policies are in place to ensure consumers move inside and outside the home when they want	/	2		HCBS Rule
47	Policies are in place to ensure consumers can reach and use the home's appliance as they need	/	2		HCBS Rule
48	Policies are in place to ensure the home is free of gates, locked doors or other ways to block consumers from entering or exiting certain areas of their home	/	2		HCBS Rule
HCBS POLICY REVIEW SECTION (Skill Building & Supported Employment Providers ONLY)					
49	Policies and procedures are in place to ensure that the setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community	/	2		HCBS Rule
50	Policies and procedures are in place to ensure that the setting is selected by the individual from among setting options including non-disability specific settings.	/	2		HCBS Rule
51	Policies and procedures are in place to ensure that the setting ensures an individual's rights or privacy, dignity, and respect, and freedom from coercion and restraint.	/	2		HCBS Rule

#	Requirement	Score	Poss	Notes	Req. Source
52	Policies and procedures are in place to ensure that the setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	/	2		HCBS Rule
53	Policies and procedures are in place to ensure that the setting facilitates individual choice regarding services and supports, and who provides them.	/	2		HCBS Rule
Staff Training Requirements					
54	Recipient Rights/ Confidentiality (30 Day Course) (90 Day In person With Rights Officer, Every Two Years)	/	2		CM HSP Contract: Provider Staff Training Requirements
55	Due Process, Grievance and Appeals*	/	2		CM HSP Contract: Provider Staff Training Requirements
56	Medicaid Integrity*	/	2		CM HSP Contract: Provider Staff Training Requirements
57	Blood-borne Infectious Disease*	/	2		CM HSP Contract: Provider Staff Training Requirements
58	Emergency Preparedness	/	2		CM HSP Contract: Provider Staff Training Requirements
59	First Aid and CPR (in-person)	/	2		CM HSP Contract: Provider Staff Training Requirements
60	Limited English Proficiency	/	2		CM HSP Contract: Provider Staff Training Requirements
61	Cultural Competency	/	2		CM HSP Contract: Provider Staff Training Requirements
62	Person Centered Planning	/	2		CM HSP Contract: Provider Staff Training Requirements

#	Requirement	Score	Poss	Notes	Req. Source
63	Individual Training on each Consumer(s) IPOS	/	2		CM HSP Contract: Provider Staff Training Requirements
64	Medication Administration/Medication Refresher (If part of job duties)	/	2		CM HSP Contract: Provider Staff Training Requirements
65	Tuberculosis Testing Results (only applicable if serving SED waiver)	/	2		CM HSP Contract: Provider Staff Training Requirements
66	Was a Criminal Background Check conducted prior to hire? If applicable, was another criminal background check conducted on an annual basis? Was the appropriate background check source used (not OTIS)?	/	2		CM HSP Contract: Provider Staff Training Requirements
67	Driving Record Review (if transporting consumers)	/	2		CM HSP Contract: Provider Staff Training Requirements
68	Evidence employee received job description	/	2		CM HSP Contract: Personnel
69	Annual written work evaluation	/	2		CM HSP Contract: Personnel
70	Documentation of education (if applicable by MDHHS provider qualification chart)	/	2		MDHHS PIHP/CM HSP PProvider Qualifications Per Medicaid Services & HCPCS/ CPT Codes
71	Documentation of license (if applicable by MDHHS provider qualification chart)	/	2		MDHHS PIHP/CM HSP PProvider Qualifications Per Medicaid Services & HCPCS/ CPT Codes
72	E-Verification	/	2		CM HSP Contract: Personnel
73	Standards for Community Living Support Services Training (if providing CLS services)	/	2		CM HSP Contract: Provider Staff Training Requirements

	# Requirement	Score	/	Poss	Notes	Req. Source
	74 Behavior Technicians must also complete training in the curriculum outline in the Registered Behavior Technician (RBT) task list prior to service delivery.		/	2		CMHSP Contract: Provider Staff Training Requirements
	75 LP/LLP/QBHP/QLP/BCaBA staff has minimum training, experience and/or education required to deliver ABA services according to MDHHS qualifications chart.		/	2		MDHHS PIHP/CMHSP Provider Qualifications Per Medicaid Services & HCPCS/CPT Codes
	76 Child & Adolescent Training if working with children. Additional 24 hours annually required by contract. (If applicable)		/	2		MDHHS PIHP/CMHSP Provider Qualifications Per Medicaid Services & HCPCS/CPT Codes
	Summary of Site Visit	Score	/	Poss	Summary Score	
		0	/	140	0%	

A2. Admin Review Non-Accredited Provider

Provider:		Onsite Date:	
Contact:		Offsite Date:	
Services:		Accredited By:	
Notes:		Total Score:	0%

#	Requirement	Score	Poss	Notes	Req. Source
1	LARA Statewide licensing search indicates licensing compliance for all provider service sites operated by the Provider?			Y/N	CMHSP Contract: Contract Termination
2	The agency and its leadership/ownership are NOT suspended from participation in Medicaid/Medicare or on any federal exclusion lists? Agency is NOT currently sanctioned by the State of Michigan?			Y/N	CMHSP Contract: Assurances
3	Analysis of past 2 years of recipient rights complaints/findings, including no substantial privacy or HIPPA violations, clinical, encounter data shows no recurring issues at this time?			Y/N	CMHSP Contract
4	If agency is serving more than 6 consumers, do they have a waiver of accreditation approved by CMHPSM Network Management?			Y/N	CMHSP Contract: Accreditation
5	Proof that all insurances required by the CMHSP service contract are currently maintained?			Y/N	CMHSP Contract: Insurances
6	All financial audit reporting requirements were met during the past year?			Y/N	CMHSP Contract: Financial Audits
POLICY REVIEW SECTION					
7	POLICY REVIEW: Abuse and Neglect	/	2		MMHC 330.1752
8	POLICY REVIEW: Administration of Medication & Medical Treatment (Medication Procedures & Use of Psychotropic Drugs)	/	2		MMHC 330.1752
9	POLICY REVIEW: Assessments & Reassessments	/	2		MMHC 330.1752

A2. Admin Review Non-Accredited Provider

#	Requirement	Score / Poss	Notes	Req. Source
10	POLICY REVIEW: Communication by Mail, Telephone and Visits	/ 2		MMHC330.1752 & .1726
11	POLICY REVIEW: Confidentiality and Access to Consumer Records	/ 2		MMHC330.1752 & .1748
12	POLICY REVIEW: Consent to Treatment and Services	/ 2		MMHC330.1752
13	POLICY REVIEW: Dignity and Respect	/ 2		MMHC330.1752
14	POLICY REVIEW: Family Planning	/ 2		MMHC330.1752 & 330.1938
15	POLICY REVIEW: Fingerprinting Photographs Recording	/ 2		MMHC330.1752 & 330.1724
16	POLICY REVIEW: Freedom of Movement	/ 2		MMHC330.1752
17	POLICY REVIEW: Office of Recipient Rights (Complaint and Appeal Process)	/ 2		MMHC330.1752
18	POLICY REVIEW: Personal Property and Funds	/ 2		MMHC330.1752 & .1728 & .1730
19	POLICY REVIEW: Physical Management and Restraint	/ 2		MMHC330.1752 & .1740
20	POLICY REVIEW: Religious Freedom and Spiritual Treatment	/ 2		MMHC330.1752
21	POLICY REVIEW: Right to entertainment material, information and news.	/ 2		MMHC330.1752
22	POLICY REVIEW: Services Suited to Condition	/ 2		MMHC330.1752
23	POLICY REVIEW: Work Performed by Recipient	/ 2		MMHC330.1752 & .1736
24	Evidence organization holds frequent employee staff meetings.	/ 2		CMHSP Contract: Personnel
25	Evidence there is a process for an ongoing credentialing and assessment of clinical responsibilities for all staff.	/ 2		CMHSP Contract: Personnel
26	CMHSP Recipient Rights history check on applicants.	/ 2		CMHSP Contract: Personnel

A2. Admin Review Non-Accredited Provider

#	Requirement	Score / Poss	Notes	Req. Source
27	Evidence that policies and procedures are effectively disseminated to provider staff.	/ 2		CM HSP Contract: Personnel
28	Recipient Rights Poster with current contact information posted in prevalent location.	/ 2		MM HC330.1755, CM HSP Contract: Recipient Rights
29	Whistleblowers protection act poster posted in prevalent location.	/ 2		PA 469, CM HSP Contract: Personnel
30	Contractor has implemented safeguards to ensure Electronic Health Record is accessed on a need to know basis.	/ 2		CM HSP Contract: Confidentiality/HIPPA
31	Contractor has implemented effective administrative, physical and technical safeguards to protect all forms of protected health information.	/ 2		CM HSP Contract: Confidentiality/HIPPA
32	Contractor is abiding by the CM HSP Limited English Proficiency policy and provides language assistance at no additional cost to the consumer.	/ 2		CM HSP Contract: Access to Care
33	Contractor is not delegating any contractual responsibilities without prior authorization by the CM HSP.	/ 2		CM HSP Contract: Subcontracting
HCBS POLICY REVIEW SECTION (Licensed Residential Providers ONLY)				
34	Policies are in place to ensure staff ask before entering consumer's living areas (bedroom, bathroom)	/ 2		HCBS Rule
35	Policies are in place to ensure consumers choose what they eat	/ 2		HCBS Rule
36	Policies are in place to ensure consumers can choose to eat alone or with others	/ 2		HCBS Rule
37	Policies are in place to ensure consumers have access to food at any time	/ 2		HCBS Rule
38	Policies are in place to ensure consumers can choose what clothes to wear	/ 2		HCBS Rule

A2. Admin Review Non-Accredited Provider

#	Requirement	Score / Poss	Notes	Req. Source
39	Policies are in place to ensure individuals have access to a communication device and can use it in a private place	/ 2		HCBS Rule
40	Policies are in place that ensure if a consumer needs help with personal care, the individual receives support in privacy	/ 2		HCBS Rule
41	Policies are in place to ensure consumers (with or without support) arrange and control their personal schedule of daily appointments and activities	/ 2		HCBS Rule
42	Policies are in place to ensure consumers have full access to the kitchen at any time	/ 2		HCBS Rule
43	Policies are in place to ensure consumers have full access to the dining area at any time	/ 2		HCBS Rule
44	Policies are in place to ensure consumers have full access to the laundry area	/ 2		HCBS Rule
45	Policies are in place to ensure consumers have full access to the comfortable seating area at any time	/ 2		HCBS Rule
46	Policies are in place to ensure consumers have full access to the bathroom at any time	/ 2		HCBS Rule
47	Policies are in place to ensure there is space within the home for individuals to meet with visitors and have private conversations	/ 2		HCBS Rule
48	Policies are in place to ensure consumers choose to come and go from the home when they want	/ 2		HCBS Rule
49	Policies are in place to ensure consumers move inside and outside the home when they want	/ 2		HCBS Rule
50	Policies are in place to ensure consumers can reach and use the home's appliance as they need	/ 2		HCBS Rule

A2. Admin Review Non-Accredited Provider

#	Requirement	Score	Poss	Notes	Req. Source
51	Policies are in place to ensure the home is free of gates, locked doors or other ways to block consumers from entering or exiting certain areas of their home		/ 2		HCBS Rule
HCBS POLICY REVIEW SECTION (Skill Building & Supported Employment Providers ONLY)					
52	Policies and procedures are in place to ensure that the setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community		/ 2		HCBS Rule
53	Policies and procedures are in place to ensure that the setting is selected by the individual from among setting options including non-disability specific settings.		/ 2		HCBS Rule
54	Policies and procedures are in place to ensure that the setting ensures an individual's rights or privacy, dignity, and respect, and freedom from coercion and restraint.		/ 2		HCBS Rule
55	Policies and procedures are in place to ensure that the setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.		/ 2		HCBS Rule
56	Policies and procedures are in place to ensure that the setting facilitates individual choice regarding services and supports, and who provides them.		/ 2		HCBS Rule
	Training				

A2. Admin Review Non-Accredited Provider

#	Requirement	Score / Poss	Notes	Req. Source
57	Initial Recipient Rights/ Confidentiality* (30 Day Course) (90 Day In person With Rights Officer)	/ 2		CM HSP Contract: Provider Staff Training Requirements
59	Due Process, Grievance and Appeals*	/ 2		CM HSP Contract: Provider Staff Training Requirements
60	Medicaid Integrity*	/ 2		CM HSP Contract: Provider Staff Training Requirements
61	Blood-borne Infectious Disease*	/ 2		CM HSP Contract: Provider Staff Training Requirements
62	Emergency Preparedness	/ 2		CM HSP Contract: Provider Staff Training Requirements
63	First Aid and CPR (in-person)	/ 2		CM HSP Contract: Provider Staff Training Requirements
64	Limited English Proficiency	/ 2		CM HSP Contract: Provider Staff Training Requirements
65	Cultural Competency	/ 2		CM HSP Contract: Provider Staff Training Requirements
66	Person Centered Planning	/ 2		CM HSP Contract: Provider Staff Training Requirements
67	Individualized Training on each Consumer(s) IPOS	/ 2		CM HSP Contract: Provider Staff Training Requirements
68	Medication Administration/Medication Refresher (If part of job duties)	/ 2		CM HSP Contract: Provider Staff Training Requirements
69	Tuberculosis Testing Results (only applicable if serving SED waiver)	/ 2		CM HSP Contract: Provider Staff Training Requirements
70	Was a Criminal Background Check conducted prior to hire? If applicable, was another criminal background check conducted on an annual basis? Was the appropriate background check source used (not OTIS)?	/ 2		CM HSP Contract: Provider Staff Training Requirements

A2. Admin Review Non-Accredited Provider

#	Requirement	Score / Poss	Notes	Req. Source
71	Driving Record Review (if transporting consumers)	/ 2		CM HSP Contract: Provider Staff Training Requirements
72	Evidence employee received job description	/ 2		CM HSP Contract: Personnel
73	Annual written work evaluation	/ 2		CM HSP Contract: Personnel
74	Documentation of education (if applicable by MDHHS provider qualification chart)	/ 2		MDHHS PIHP/CM HSP Provider Qualifications Per Medicaid Services & HCPCS/ CPT Codes
75	Documentation of license (if applicable by MDHHS provider qualification chart)	/ 2		MDHHS PIHP/CM HSP Provider Qualifications Per Medicaid Services & HCPCS/ CPT Codes
76	Standards for Community Living Support Services Training (if providing CLS services)	/ 2		CM HSP Contract: Provider Staff Training Requirements
77	E-Verification	/ 2		CM HSP Contract: Personnel
78	Behavior Technicians must also complete training in the curriculum outline in the Registered Behavior Technician (RBT) task list prior to service delivery.	/ 2		CM HSP Contract: Provider Staff Training Requirements
79	LP/LLP/QBHP/QLP/BCaBA staff has minimum training, experience and/or education required to deliver ABA services according to MDHHS qualifications chart.	/ 2		MDHHS PIHP/CM HSP Provider Qualifications Per Medicaid Services & HCPCS/ CPT Codes
80	Child & Adolescent Training if working with children. Additional 24 hours annually required by contract. (If applicable)	/ 2		MDHHS PIHP/CM HSP Provider Qualifications Per Medicaid Services & HCPCS/ CPT Codes

A2. Admin Review Non-Accredited Provider

#	Requirement	Score / Poss	Notes	Req. Source
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Summary of Site Visit	Score / Poss	Summary Score
	0 / 146	0%

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Provider:		Onsite Date:			
Contact:		Offsite Date:			
Services:		Accredited By:			
Notes:		Total Score:	0%		
#	Requirement	Score	Poss	Notes	Req. Source
1	A written emergency plan and evacuation map to be followed in case of fire, medical, or severe weather emergencies is prominently posted.		2		R 400.14318/ CM HPSM Emergency Management Program/ Plan Policy
2	Evidence the emergency plan specifies persons to be notified, locations of alarm signals and fire extinguishers, evacuation routes and procedures.		2		R 400.14318/ CM HPSM Emergency Management Program/ Plan Policy
3	Evidence that emergency telephone numbers are posted adjacent to house phone, must include at minimum fire, police, and EMS.		2		R 400.14318/ CM HPSM Emergency Management Program/ Plan Policy
4	Evidence emergency and evacuation procedures drills were conducted during daytime, evening, and sleeping hours at least once per quarter.		2		R 400.14318/ CM HPSM Emergency Management Program/ Plan Policy
5	Evidence that the means of egress are maintained in unobstructed, easily traveled condition at all times.		2		R 400.2243
6	Evidence of functioning smoke detectors and/or fire suppression systems (if applicable). All equipment shall be tested and examined as recommended by the manufacturer.		2		R 400.1437 / CM HPSM Emergency Management Program/ Plan Policy

#	Requirement	Score	Poss	Notes	Req. Source
7	A minimum of one 5-pound multi-purpose fire extinguisher or equivalent on each occupied floor and in the basement.	/	2		R 400.2245
8	Evidence of an adequate food supply, food is clearly labeled and free from spoilage.	/	2		R 400.14402
9	The premises shall be maintained in a clean and safe condition.	/	2		R 400.1426
10	Evidence of Medication Summary List for each consumer.	/	2		CM HPSM Administration of Medication Policy / CM HSP Contract Attachment B
11	Evidence that medications are locked in a secure location and are clearly identifiable.	/	2		CM HPSM Administration of Medication Policy / CM HSP Contract Attachment B
12	Evidence of medication administration records for each consumer (including the strength, dose or rate of administration; adverse drug reactions).	/	2		CM HPSM Administration of Medication Policy / CM HSP Contract Attachment B
13	Evidence that services, including community participation, are provided as authorized in consumer's IPOS (documented via progress notes, etc)	/	2		CM HSP Contract Attachment B Scope of Service
14	Evidence of progress notes for each consumer detailing type of service being delivered and date & time of services delivery.	/	2		CM HSP Contract Attachment B Scope of Services
15	A copy of the most recent IPOS for each consumer is available at the site.	/	2		CM HSP Contract Attachment B Scope of Service
16	Evidence of employees being trained/in-serviced on each consumer's IPOS goals and objectives, by discipline. Including any updates to the IPOS.	/	2		CM HSP Contract Attachment B Scope of Service

#	Requirement	Score	/	Poss	Notes	Req. Source
17	Evidence of employee behavioral management training, if required by IPOS.		/	2		CM HSP Contract Attachment D Provider Staff Training Requirements
18	Evidence of employee medical equipment training if required by IPOS.		/	2		CM HSP Contract Attachment D Provider Staff Training Requirements
19	Evidence of staff familiarity with current IPOS for each consumer served.		/	2		CM HSP Contract Attachment B Scope of Service
20	Evidence that a consumer's choice of staff is considered by the agency in staffing the home.		/	2		CM HSP Contract Article XVII Section B
21	Evidence of current signed release forms for each consumer, including primary care physician, if any information is being shared.		/	2		CM HSP Contract Article VII Section C
22	Evidence of an accounting of disclosures for each consumer, indicating any information which is released.		/	2		CM HSP Contract Article VII Section C
23	Recipient Rights Complaint forms are available.		/	2		CM HSP Contract Attachment A
24	Incident Report forms are readily available.		/	2		CM HSP Contract Attachment A
25	Know Your Rights booklets were available on site.		/	2		CM HSP Contract Attachment A
26	Consumers aware of how to file a rights complaint?		/	2		CM HSP Contract Attachment A
27	Are staff aware of how to file a complaint?		/	2		CM HSP Contract Attachment A
28	Current rights posters were conspicuously posted and visible to staff and recipients.		/	2		CM HSP Contract Attachment A
29	Abuse and Neglect posters are visibly posted.		/	2		CM HSP Contract Attachment A
30	Individuals live and/or receive services in a setting where there is regular (more than once per week) opportunity for contact with the greater community.		/	2		HCBS rule

#	Requirement	Score	Poss	Notes	Req. Source
31	The residence allows friends and family to visit without rules on hours or times	/	2		HCBSrule
32	Does each consumer have a lease or residential care agreement? Does it explain how a discharge happens and what to do?	/	2		HCBSrule
33	Are consumers provided with information on how to request new housing?	/	2		HCBSrule
34	Do consumers have a place to store and secure their belongings away from others?	/	2		HCBSrule
35	Are consumers allowed to participate in legal activities if they wish (i.e. voting, etc.)	/	2		HCBSrule
36	Do consumers have the option of having their own bedroom if consistent with their resources?	/	2		HCBSrule
37	Can consumers pick their roommate(s)?	/	2		HCBSrule
38	Can consumer's close and lock their bedroom door?	/	2		HCBSrule
39	Can consumer's close and lock their bathroom door?	/	2		HCBSrule
40	Is the residence free from cameras, visual monitors, or audio monitors?	/	2		HCBSrule
41	Is accessible transportation available for consumers to make trips to the community?	/	2		HCBSrule
42	Consumer records or other confidential information are not open for public viewing.	/	2		CM HSP Contract Article VII
43	Evidence of current and consistent staff meetings.	/	2		CM HSP Contract Article XVII Section F
	Summary of Site Visit	Score	Poss	Summary Score	
		0	86	0%	

	# Requirement	Score	/	Poss	Notes	Req. Source

Provider:		Onsite Date:				
Contact:		Offsite Date:				
Services:		Accredited By:				
Notes:		Total Score:	0%			
#	Requirement	Score	/	Poss	Notes	Req. Source
1	Evidence of an adequate food supply, if required by consumer's IPOS that provider assist with shopping or provide meals.		/	2		CM HSP Contract Attachment B Scope of Service
2	Evidence the premises is in a clean, safe and odor free condition, if the consumers IPOS indicates provider role in cleaning.		/	2		CM HSP Contract Attachment B Scope of Service
3	Evidence of medication administration records for each consumer (including the strength, dose or rate of administration; adverse drug reactions). (If meds are passed at the site).		/	2		CM HPSM Administration of Medication Policy / CM HSP Contract Attachment B
4	Evidence of Medication Summary List for each consumers. (If meds are passed at the site)		/	2		CM HPSM Administration of Medication Policy / CM HSP Contract Attachment B
5	Evidence that medications are locked in a secure location and are clearly identifiable.		/	2		CM HPSM Administration of Medication Policy / CM HSP Contract Attachment B
6	Evidence of staff familiarity with current IPOS for each consumer served.		/	2		CM HSP Contract Attachment B Scope of Service
7	A copy of the most recent IPOS for each consumer is available at the site.		/	2		CM HSP Contract Attachment B Scope of Service
8	Evidence of employees being trained/in-serviced on each consumer's IPOS goals and objectives, by discipline.		/	2		CM HSP Contract Attachment B Scope of Service

#	Requirement	Score	/	Poss	Notes	Req. Source
9	Evidence of employee behavioral management training, if required by IPOS.		/	2		CM HSP Contract Attachment D Provider Staff Training Requirements
10	Evidence of employee medical equipment training if required by IPOS.		/	2		CM HSP Contract Attachment D Provider Staff Training Requirements
11	Evidence that services, including community participation, are provided as authorized in consumer's IPOS (documented via progress notes, etc)		/	2		CM HSP Contract Attachment B Scope of Service
12	An accounting of consumer funds is kept by the provider (if assisting with funds is part of CLS service in the IPOS)		/	2		R 400.14315
13	Evidence that a consumer's choice of staff is considered by the agency in staffing the home.		/	2		CM HSP Contract Article XVII
14	Evidence of current signed release forms for each consumer, including primary care physician, if any information is being shared.		/	2		CM HSP Contract Article VII
15	Evidence of an accounting of informational disclosures for each consumer, indicating any information which is released.		/	2		CM HSP Contract Article VII Section C
16	Recipient Rights Complaint forms are readily available.		/	2		CM HSP Contract Attachment A
17	Incident Report forms are readily available.		/	2		CM HSP Contract Attachment A
18	Know Your Rights booklets were available.		/	2		CM HSP Contract Attachment A
19	Are consumers aware of how to file a complaint?		/	2		CM HSP Contract Attachment A
20	Are staff aware of how to file a complaint?		/	2		CM HSP Contract Attachment A
21	Recipient Rights Poster On-site		/	2		CM HSP Contract Attachment A
22	Abuse and Neglect Poster On-site		/	2		CM HSP Contract Attachment A

	# Requirement	Score	/	Poss	Notes	Req. Source
	23 Provider held consumer records or other confidential information are not available for public viewing.		/	2		
	Summary of Site Visit	Score	/	Poss	Summary Score	
		0	/	46	0%	

B3. Supported Employment Skill Building

Provider:		Onsite Date:	
Contact:		Offsite Date:	
Services:		Accredited By:	
Notes:		Total Score:	0%

#	Requirement	Score	/	Poss	Notes	Req. Source
1	Evidence of medication administration records for each consumer (including the strength, dose or rate of administration; adverse drug reactions). (if meds are passed)		/	2		CM HPSM Administration of Medication Policy / CM HSP Contract Attachment B
2	Evidence of Medication Summary List for each consumer. (if meds are passed)		/	2		CM HPSM Administration of Medication Policy / CM HSP Contract Attachment B
3	Evidence of staff familiarity with current IPOS for each consumer served.		/	2		CM HSP Contract Attachment B Scope of Service
4	A copy of the most recent IPOS for each consumer is available at the site.		/	2		CM HSP Contract Attachment B Scope of Service
5	Evidence of employees being trained/in-serviced on each consumer's IPOS goals and objectives, by discipline.		/	2		CM HSP Contract Attachment B Scope of Service
6	Evidence of employee behavioral management training, if required by IPOS.		/	2		CM HSP Contract Attachment D Provider Staff Training Requirements
7	Evidence of employee medical equipment training if required by IPOS.		/	2		CM HSP Contract Attachment D Provider Staff Training Requirements
8	Evidence that services are provided as authorized in consumer's IPOS (documented via progress notes, etc)		/	2		CM HSP Contract Attachment B Scope of Service

B3. Supported Employment Skill Building

#	Requirement	Score	/	Poss	Notes	Req. Source
9	An accounting of consumer funds is kept by the provider (if assisting with funds is part of service in the IPOS)		/	2		R.400.14315
10	Evidence that a consumer's choice of staff is considered by the agency.		/	2		CM HSP Contract Article XVII
11	Agency providing transportation to consumers as indicated in their IPOS.		/	2		CM HSP Contract Attachment B Scope of Service
12	Evidence of consumer involvement in community activities, as documented in their IPOS.		/	2		CM HSP Contract Attachment B Scope of Service
13	Evidence of current signed release forms for each consumer, including primary care physician, if any information is being shared.		/	2		CM HSP Contract Article VII
14	Evidence of an accounting of informational disclosures for each consumer, indicating any information which is released.		/	2		CM HSP Contract Article VII
15	Recipient Rights Complaint forms are available.		/	2		CM HSP Contract Attachment A
16	Incident Report forms are readily available.		/	2		CM HSP Contract Attachment A
17	Know Your Rights booklets were available.		/	2		CM HSP Contract Attachment A
18	Are consumers aware of how to file a complaint?		/	2		CM HSP Contract Attachment A
19	Are staff aware of how to file a complaint?		/	2		CM HSP Contract Attachment A
20	Recipient Rights Poster		/	2		CM HSP Contract Attachment A
21	Abuse and Neglect Poster		/	2		CM HSP Contract Attachment A
22	Consumer records or other confidential information are not available for public viewing.		/	2		CM HSP Contract Attachment A

B3. Supported Employment Skill Building

#	Requirement	Score / Poss	Notes	Req. Source
	Summary of Site Visit	Score / Poss		Summary Score
		0 / 44		0%

B4. ABA Services

Provider:

Contact:

Services:

Notes:

Onsite Date:

Offsite Date:

Accredited By:

Total Score:

#	Requirement	Score / Poss	Notes	Req. Source
1	Evidence of staff familiarity with current CMHSP IPOS for each consumer served.	/ 2		
2	A copy of the most recent CMHSP IPOS for each consumer is available at the site.	/ 2		
3	Evidence of employees being trained/in-serviced on each consumer's CMHSP IPOS goals and objectives, by discipline.	/ 2		
4	Evidence that services are provided as authorized in consumer's IPOS (documented via progress notes, etc)	/ 2		
5	Evidence that a consumer's choice of staff is considered by the agency in staffing the home/service site.	/ 2		
6	Evidence of current signed release forms for each consumer, including primary care physician, if any information is being shared.	/ 2		
7	Evidence of an accounting of informational disclosures for each consumer, indicating any information which is released.	/ 2		
8	Staff are aware of how to file Recipient Rights Complaints.	/ 2		
9	Staff are aware of how to file Incident Reports.	/ 2		
10	Are consumers aware of how to file an incident reports and/or recipient rights complaint?	/ 2		

B4. ABA Services

#	Requirement	Score / Poss	Notes	Req. Source
11	Evidence that a consumer's choice of staff is considered by the agency.	/ 2		
12	Consumer records or other confidential information are not available for public viewing.	/ 2		
Clinic Based Questions (N/A for In-Home Services)				
13	Consumer records or other confidential information are not available for public viewing.	/ 2		
14	Any health or safety concerns during this visit? (meds locked, agency is neat in appearance, temp is appropriate)	/ 2		
15	Know Your Rights booklets were available for consumers.	/ 2		
16	Recipient Rights Poster posted in visible location.	/ 2		
17	Abuse and Neglect Poster posted in visible location.	/ 2		

Summary of Site Visit	Score / Poss	Summary Score
	0 / 34	0%

B5. Fiscal Intermediary

Provider:	
Contact:	
Services:	
Notes:	

Onsite Date:	
Offsite Date:	
Accredited By:	
Total Score:	0%

#	Requirement	Score / Poss	Notes	Req. Source
1	Must be independent and free from conflicts of interest (cannot be a provider of any other mental health services and supports, or any other publically funded services).	/ 2		
2	FI cannot be a guardian, conservator, or trust holder or have any other compensated fiduciary relationship with any individual receiving mental health services and supports except for representative payee.	/ 2		
3	Individuals utilizing F.I. services are satisfied with the services they are receiving.	/ 2		
4	Sample audit of individual budgets to compare authorizations versus expenditures (rates and units in budget match authorization) show no inconsistency. (Minimum sample size 3)	/ 2		
5	Have a mechanism to crosscheck timesheets with authorized services and supports in each individual plan of service (IPOS) and individual budget and a procedure for handling timesheets for unauthorized services and supports	/ 2		
6	Pay only timesheets approved by the individual (or family of minor child) for services and supports explicitly authorized in IPOS and budget	/ 2		

B5. Fiscal Intermediary

#	Requirement	Score	/ Poss	Notes	Req. Source
7	Have a system in place for tracking and monitoring individual budget expenditures and identifying potential over-and-under-expenditures		/ 2		
8	Provide monthly financial status reports to CMHSP and the individual (or family of minor child) by no later than 15 days after the end of month		/ 2		
9	Contact SC/CSM/SDC by phone or email in the case of an over expenditure of 10% in one month prior to making payment for expenditure		/ 2		
10	Contact SC/CSM/SDC by phone or email in the case of under expenditure in the individual budget for the month that indicates that the individual is not receiving the services and supports in the IPOS (NA for respite services)		/ 2		
11	Have policies and procedures in place to assure financial accountability for the funds comprising in the individual budgets.		/ 2		
12	Assure timely billing to the CMHSP for specialty mental health services.		/ 2		
13	Obtain documentation from the participants and file it with the IRS so that the F.I. can serve as Employer Agent for individuals directly employing workers, and meet the requirements of state and local income tax authorities and unemployment insurance authorities		/ 2		

B5. Fiscal Intermediary

#	Requirement	Score / Poss	Notes	Req. Source
14	Issue payroll payments to directly employed workers for authorized services and supports that comport with the individual budget or have approval from the CMHSP for payment.	/ 2		
15	Withhold income, Social Security, and Medicare taxes from payroll payments and make payments to the appropriate authorities for taxes withheld	/ 2		
16	Make payments for unemployment taxes and worker's compensation insurance to the appropriate authorities, when necessary	/ 2		
17	Issue W-2 forms and tax statements	/ 2		
18	Assist the individual directly employing workers with purchasing worker's compensation insurance as required	/ 2		
19	Complete initial criminal background check on potential employee prior to hire date	/ 2		
20	Complete annual criminal background check on directly employed workers	/ 2		
21	Provide employee with employment packet to complete	/ 2		
22	Monitor employee training according to training requirements	/ 2		
23	F.I. will notify employer if an employee has an expired training in order to resolve issue. If issue is not resolved, F.I. will notify Self-Determination Coordinator of non-compliance	/ 2		

Summary of Site Visit	Score / Poss	Summary Score
	0 / 46	0%

B5. Fiscal Intermediary

# Requirement	Score / Poss	Notes	Req. Source
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B6. Outpatient

Provider:

Contact:

Services:

Notes:

Onsite Date:

Offsite Date:

Accredited By:

Total Score:

#	Requirement	Score / Poss	Notes	Req. Source
1	Evidence of coordination of care with Qualified Health Plan (QHP) and/or Primary Care Physician (PCP). If there is no QHP/PCP is there documentation that the Contractor is assisting consumer to access a QHP/PCP.	/ 2		
2	At risk behaviors/ activities in the home/ community are documented and monitored.	/ 2		
3	A copy of the most recent CM HSP IPOS for each consumer is available at the site and staff have been trained on each consumer's IPOS.	/ 2		
4	Any health or safety concerns during this visit? (meds locked, agency is neat in appearance, temp is appropriate)	/ 2		
5	Evidence that services are provided as authorized in consumer's IPOS (documented via progress notes, etc)	/ 2		
6	Evidence that a consumer's choice of staff is considered by the agency in staffing the home/service site.	/ 2		
7	Evidence of current signed release forms for each consumer, including primary care physician, if any information is being shared.	/ 2		
8	Evidence of an accounting of informational disclosures for each consumer, indicating any information which is released.	/ 2		

B6. Outpatient

#	Requirement	Score / Poss	Notes	Req. Source
9	Staff are aware of how to file Recipient Rights Complaints.	/ 2		
10	Staff are aware of how to file Incident Reports.	/ 2		
11	Are consumers aware of how to file an incident reports and/or recipient rights complaint?	/ 2		
12	Consumer records or other confidential information are not available for public viewing.	/ 2		
13	Know Your Rights booklets were available for consumers.	/ 2		
14	Recipient Rights Poster posted in visible location.	/ 2		
15	Abuse and Neglect Poster posted in visible location.	/ 2		

Summary of Site Visit	Score / Poss	Summary Score
	0 / 30	0%

Provider Staff Review Provider: _____
 Reviewer: _____

Date: _____

Employee Training Review

Employee Name	Date of Hire / Date of First Individual Service	Recipient Rights / Confidentiality* (30 Day)	Recipient Rights / Confidentiality* (90 Day)	Due Process, Grievance and Appeals*	Medicaid Integrity*	Blood-borne Infectious Disease*	Emergency Preparedness	First Aid and CPR as applicable by contract	RBT Training	Limited English Proficiency	Cultural Competency	Person Centered Planning	Medication Admin / Medication Refresher	Direct Care Staff Training	Employee Name	Criminal Background Check	Driving Record Review (if transporting consumers)	Evidence employee received job description	Annual written work evaluation	Standards for Community Living Support Services Training (if providing CLS services)	Documentation of education (if applicable by MDHHS Provider Qualifications Chart)	License Type	License Number	License Status	NPI Number (if Applicable)	
1															1											
2															2											
3															3											
4															4											
5															5											
6															6											
7															7											
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Employee Training Review (Continued)

Employee Name	Position	Recipient Rights / Confidentiality* (30 Day)	Recipient Rights / Confidentiality* (90 Day)	Due Process, Grievance and Appeals*	Medicaid Integrity*	Blood-borne Infectious Disease*	Emergency Preparedness	First Aid and CPR as applicable by contract	Limited English Proficiency	Cultural Competency	Person Centered Planning	Medication Admin / Medication Refresher	Direct Care Staff Training Bundle	Employee Name	Criminal Background Check	Driving Record Review (if transporting consumers)	Evidence employee received job description	Annual written work evaluation	Standards for Community Living Support Services Training (if providing CLS services)	Documentation of education (if applicable by MDHHS Provider)	License Type	License Number	License Status	NPI Number (if Applicable)		
21														21												
22														22												
23														23												
24														24												
25														25												
26														26												
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HCBS Non-Residential Policy Worksheet

The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the great community.

- 1 The setting provides opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individual.
 - 2 The setting affords opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth.
 - 3 The setting affords opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities.
 - 4 The setting in the community/building is located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices, etc. that facilitates integration with the greater community.
 - 5 The setting encourages visitors or other people from the greater community.
 - 6 Employment settings provide individuals with the opportunity to participate in negotiating his/her work schedule, break/lunch times and leave and medical benefits with his/her employer to the same extent as individuals not receiving Medicaid funded HCBS
 - 7 In settings where money management is part of the service, does the setting facilitate the opportunity for individuals to have a checking or savings account or other means to have access to and control his/her funds.
 - 8 The setting provides individuals with contact information, access to and training on the use of public transportation, such as buses, taxis, etc., and are these public transportation schedules and telephone numbers available to individuals who do not receive HCBS services.
 - 9 The setting assures that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCBS services.
 - 10 The setting is physically accessible, including access to bathrooms and break rooms, and appliances equipment, and tables/desks and chairs are at a convenient height and location, with no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting.
- The setting is selected by the individual from among setting options including non-disability specific settings.**
- 1 The setting reflects the individual's needs and preferences and its policies ensure the informed choice of the individual.
 - 2 The setting options offered include non-disability-specific settings, such as competitive employment in an integrated public setting, volunteering in the community, or engaging in general non-disabled community activities
 - 3 The setting options include the opportunity for the individual to choose to combine more than once service/delivery setting or type of HCBS in any given day/week.
- The setting ensures an individual's rights or privacy, dignity, respect, and freedom from coercion and restraint.**
- 1 All information about individuals is kept private.
 - 2 The setting supports individuals who need assistance with their personal appearance to appear as they desire.
 - 3 Personal assistance is provided in private, as appropriate.
 - 4 The setting has policies that ensure each individual's supports and plans to address behavioral needs are specific to the individual and not the same as everyone else in the setting.
 - 5 The setting offers a secure place for the individual to store personal belongings.
- The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.**
- 1 The physical environment supports a variety of individual goals and needs.
 - 2 The setting affords opportunities for individuals to choose with whom to do activities in the setting or outside the setting.
 - 3 The setting allows for individuals to have a meal/snacks at the time and place of their choosing.
 - 4 The setting provides information on individual rights.
 - 5 The setting does not prohibit individuals from engaging in legal activities.
 - 6 The setting affords the opportunity for tasks and activities matched to individuals' skills, abilities, and desires.
- The setting facilitates individual choice regarding services and supports, and who provides them.**
- 1 Individuals are provided a choice regarding the services, provider and settings and the opportunity to visit/understand the options.
 - 2 The setting affords individuals with the opportunity to regularly and periodically update or change their preferences.
 - 3 The setting ensures individuals are supported to make decisions and exercise autonomy to the greatest extent possible.
 - 4 Setting policies ensure the individual is supported in developing plans to support her/his needs and preferences.
 - 5 The setting provides information to individuals about how to make a request for additional HCBS, or changes to their current HCBS.