



Division of Adult Home and Community Based Services
Federal Compliance Section

SEDW 1915 (c) WAIVER SITE REVIEW REPORT

PIHP: PIHP/R10

Date(s): August 15 – September 30, 2022

DIMENSIONS/INDICATORS	Yes	No	FINDINGS	REMEDIAL ACTION
A. ADMINISTRATIVE PROCEDURES				
A.1 All				
<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>			<p>See the HSW Report.</p>	
<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>			<p>See the HSW Report.</p>	



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<p>A.1.3 Review and verify that the process is being implemented according to policy.</p> <p>Waiver Assurance for Participant Safeguards</p>			<p>See the HSW Report.</p>	
<p>A.1.4 PIHP/CMHSP is implementing the Quality Improvement Project as approved by MDHHS.</p> <ul style="list-style-type: none"> • PIHPs/CMHSPs document evidence of training on the revised IPOS policy/ procedures. • PIHPs/CMHSPs incorporate ongoing monitoring tools for IPOS training into the internal review process. • PIHPs/CMHSPs incorporate ongoing monitoring tools for SEDW to ensure service and supports are provided as specified in the plan. 			<p>See the HSW Report.</p>	
<p>A.1.5 The PIHP/CMHSP has a policy that guides the contracting process with new providers or providers who are expanding their service array. These policies ensure new providers are assessed to ensure they do not require heightened scrutiny based upon isolating of institutional elements.</p> <ul style="list-style-type: none"> • PIHP/CMHSP provides evidence of the policy • Review of PIHP/CMHSP provisional approval documents 			<p>See the HSW Report.</p>	

A.3.SEDW



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A.3.2 CMHSP has a process to prior authorize all services. (PM A-3)	0	0		
A.3.3 Claims are coded in accordance with MDHHS policies and procedures. (PM I-1)	6	1		

E. ELIGIBILITY
 (Medicaid Provider Manual, Mental Health/Substance Abuse)

E.2. SEDW

E.2.1 Level of Care evaluations are completed accurately. (evidence: sub-scores on CAFAS are consistent with notes and assessments in the record) (PM-B-3)	7	0		
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F. FREEDOM OF CHOICE

F.3.1: Parent was informed of right to choose among qualified providers.	7	0		
F.3.2: Parent was informed of their right to choose among the various waiver services.	7	0		

P. IMPLEMENTATION OF PERSON-CENTERED PLANNING
 Medicaid Managed Specialty Services and Supports Contract, Attachment P 3.4.1.1. Person-Centered Planning Guideline MCH712
 Chapter III, Provider Assurances & Provider Requirements
 Attach. 4.7.1 Grievances and Appeals Technical Requirement.



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P.3 SEDW				
P.3.1 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)	6	1		
P.3.2. The IPOS addresses all service needs reflected in the assessments. (PM-D-1)	7	0		
P.3.3 The strategies identified in the IPOS are adequate to address assessed health and safety needs, including coordination with primary care provider. (PM-D-2)	7	0		
P.3.4 IPOS for enrolled consumers is developed in accordance with policies and procedures established by MDHHS. Evidence: 1. IPOS contains meaningful and measurable goals and objectives. 2. Prior authorization of services corresponds to services identified in the IPOS. (PM-D-4)	1	6		

P. PLAN OF SERVICE AND DOCUMENTATION REQUIREMENTS

P.6. SEDW



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P.6.1 Services and supports are provided as specified in the IPOS including type, amount, scope duration and frequency. (PM D-7)	2	5		
P.6.3 Physician-signed prescriptions for OT, PT, services 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)	0	0	NA=7	
P.6.4 The IPOS was updated at least annually	7	0		
P.6.5 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 condition). (PM D-6)	7	0		

B. BEHAVIOR TREATMENT PLANS AND REVIEW COMMITTEES

Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.



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<p>B.1.The BTPRC process includes all the following elements as required by the Technical Requirement for Behavior Treatment Plan Review Committees:</p> <ol style="list-style-type: none"> 1. Documentation that the composition of the Committee and meeting minutes comply with the TR. 2. Evaluation of committees' effectiveness occurs as specified in the TR. 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. 4. Documentation of the QAPIP's OR QIP's evaluation of the data on the use of intrusive or restrictive techniques. 5. Documentation of the Committees' analysis of the use of physical management and the involvement of law enforcement for emergencies on a quarterly basis. 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. 7. Documentation that there is a mechanism for expedited review of proposed behavior treatment plans in emergent situations. <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.</p>			SEE HSW REPORT	
<p>B.2. Behavioral treatment plans are developed in accordance with the Technical Requirement for Behavior Treatment Plan Review Committees.</p>	0	0	NA=7	

G. WAIVER PARTICIPANT HEALTH AND WELFARE



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G.1 Individual provided information/education on how to report abuse/neglect/exploitation and other critical incidents. (Date(s) of progress notes, provider notes that reflect this information.)	7	0		
G.2 Individual served received health care appraisal. (Date/document confirming _____)	7	0		
Q. STAFF QUALIFICATIONS				
Q.3 SEDW				
Q.3.1 Clinical service providers and Wraparound facilitator are credentialed by the CMHSP prior to providing services. (Evidence: personnel records and credentialing documents – including licensure and certification and required experience for child mental health professionals). (PM C-1)	31	0		
Q.3.2 Clinical service providers and Wraparound facilitator are credentialed by the CMHSP ongoing. (Evidence: personnel records and credentialing documents-including licensure and certification and required experience for child mental health professionals). (C-2)	30	1		



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<p>Q.3.3. Non-licensed/non-certified providers meet provider qualifications. Evidence: personnel records contain documentation that staff is:</p> <ol style="list-style-type: none"> 1. At least 18 years of age, 2. Is in good standing with the law 3. Is free from communicable disease. <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. (PM C-3)</p> <p>3. In good standing with the law (i.e., not a fugitive from justice, not a convicted felon who is either still under jurisdiction or one whose felony relates to the kind of duty he/she would be performing, not an illegal alien).</p> <p>4. Able to perform basic first aid procedures, as evidenced by completion of a first aid training course, self-test, or other method determined by the PIHP to demonstrate competence in basic first aid procedures.</p>	5	2		
<p>Q.3.4 All SEDW 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>	6	1		

H. HOME VISITS/TRAINING/INTERVIEWS

H.2. SEDW HOME VISIT/INTERVIEWS



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H.2.1 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)	0	0	NA There were no SED-W Home Visits/Interviews as a part of this review See HSW Report for Interviews	
H.2.2 The parent is offered a formal opportunity to express his/her level of satisfaction with the SEDW. (evidence: as reported to the surveyor by the parent and documented by the surveyor's notes)				
H.2.3 Protocols for managing individual health and safety issues are identified in the IPOS and implemented by staff and parents. Evidence: 1. Crisis and Safety Plans are current, accessible and – per report of the child/youth, parent and staff - responsive to need 2. Staff and parents know what the protocol is, where it is, and how to implement it				