Michigan Department of Community Health (MDCH)

Behavioral Health and Developmental Disabilities Administration

Prepaid Inpatient Health Plans

2013–2014 External Quality Review Compliance Monitoring Report

for

Region 9 Macomb County CMH Services

May 2014

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1. Overview

for Region 9—Macomb County CMH Services

The Balanced Budget Act of 1997 (BBA), Public Law 105-33, requires that states conduct an annual evaluation of their managed care organizations (MCOs) and prepaid inpatient health plans (PIHPs) to determine the MCOs' and PIHPs' compliance with regulations, contractual requirements, and the state's quality strategy. The Michigan Department of Community Health (MDCH) Behavioral Health and Developmental Disabilities Administration has elected to complete this requirement by contracting with an external quality review organization (EQRO). Health Services Advisory Group, Inc. (HSAG), is the EQRO for MDCH.

The 2013–2014 follow-up review evaluated the PIHPs' compliance with requirements that were not fully met in the prior reviews in 2011–2012 and 2012–2013. These two review cycles combined addressed the PIHPs' compliance with federal regulations and contract requirements in 14 areas (standards): quality assessment and performance improvement program (QAPIP) plan and structure, performance measurement and improvement, practice guidelines, staff qualifications and training, utilization management, customer services, enrollee grievance process, enrollee rights and protections, subcontracts and delegation, provider network, credentialing, access and availability, coordination of care, and appeals.

In 2013, MDCH issued an *Application for Participation For Specialty Prepaid Inpatient Health Plans*[1-1] and selected ten regional entities to manage the Medicaid specialty benefit for the entire region defined by MDCH. For regional entities that were composed of more than one of the previously contracted PIHPs, the 2013–2014 review assessed compliance with all requirements that were not fully met by any of them.

The 2013–2014 follow-up compliance reviews were conducted as a site visit for those PIHPs that were new regional entities and included more than one of the previous PIHPs; for the remaining PIHPs, the 2013–2014 compliance review was conducted via a conference call between the PIHP staff and the HSAG review team.

This report documents the findings from HSAG's follow-up compliance review of **Macomb County CMH Services**.

[1-1] 2013 Application for Participation For Specialty Prepaid Inpatient Health Plans, Michigan Department of Community Health Behavioral Health & Developmental Disabilities Administration, 2/6/2013

2. Summary of the 2013–2014 Compliance Monitoring Review *for* Region 9—Macomb County CMH Services

The 2013–2014 compliance monitoring review was a follow-up review assessing **Macomb County CMH Services**' compliance with federal, State, and contractual requirements related to the elements that received a score of less than *Met* in the 2011–2012 and 2012–2013 compliance reviews.

The review processes and scoring methodology used by HSAG in evaluating **Macomb County CMH Services**' compliance were consistent with the February 11, 2003, CMS Final Protocol, *Monitoring Medicaid Managed Care Organizations (MCOs) and Prepaid Inpatient Health Plans (PIHPs)* as revised on September 1, 2012, in *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations*, Version 2.0.[2-1]

The 2013–2014 compliance monitoring review for **Macomb County CMH Services** was conducted as a conference call between key PIHP staff and the HSAG review team. This review assessed the PIHP's compliance with elements that were less than fully met in the previous review, excluding Standard XII—Access and Availability, as data for the new regional entities were not yet available. In addition to follow-up on prior recommendations, this review also addressed requirements for common regional policies (Standard XV) detailed in the Application for Participation that initiated the re-procurement of the PIHPs.

The findings for the 2013–2014 compliance monitoring review were determined from a review of the documents submitted by **Macomb County CMH Services** to HSAG and interviews with key **Macomb County CMH Services** staff members. Prior to the scheduled compliance review, HSAG conducted a desk review of documentation submitted by the PIHP, which included the Desk Audit Form describing the PIHP's structure and operations related to the standards addressed in the review; the Documentation Request and Evaluation Tool; as well as policies and procedures, member and provider information materials, and other documents to provide evidence of the PIHP's compliance with the requirements as detailed in the compliance monitoring tool shown in Appendix A of this report.

Based on the results of findings from the review of documentation, as well as information provided by the PIHP staff during the interviews, HSAG assigned each individual element reviewed for Standards I–XIV a score of *Met*, *Substantially Met*, *Partially Met*, *Not Met*, or *Not Applicable*. Standard XV was reviewed for information only, and no scores were assigned to any of the elements.

Table 2-1 presents the total number of elements for each of the standards as well as the number of elements for each standard that received a score of *Met*, *Substantially Met*, *Partially Met, Not Met*, or *Not Applicable*. For this review cycle, HSAG did not calculate any overall compliance scores for the standards or a total overall compliance score across all standards, as the results would not be comparable across the PIHPs.

[2-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.

Table 2-1 below presents the results of the 2013–2014 follow-up compliance review of **Macomb County CMH Services**.

Table 2-1—Summary of 2013–2014 Compliance Review Results *for* Macomb County CMH Services								
Standard		Total Elements	Total Elements Assessed	Number of Elements				
				M	*SM*	*PM*	*NM*	*NA*
I	*QAPIP Plan and Structure*	19	No follow-up required					
II	*Performance Measurement and Improvement*	21	5	5	0	0	0	0
III	*Practice Guidelines*	14	No follow-up required					
IV	*Staff Qualifications and Training*	6	No follow-up required					
V	*Utilization Management*	19	No follow-up required					
VI	*Customer Services*	10	No follow-up required					
VII	*Enrollee Grievance Process*	13	No follow-up required					
VIII	*Enrollee Rights and Protections*	32	No follow-up required					
IX	*Subcontracts and Delegation*	8	1	1	0	0	0	0
X	*Provider Network*	12	1	1	0	0	0	0
XI	*Credentialing*	25	9	9	0	0	0	0
XII	*Access and Availability*		Not included in the follow-up review					
XIII	*Coordination of Care*	4	No follow-up required					
XIV	*Appeals*	15	1	1	0	0	0	0
	Total	**198**	**17**	**17**	**0**	**0**	**0**	**0**

Macomb County CMH Services showed strong performance, having implemented corrective actions and demonstrating full compliance with all elements addressed in the follow-up review for Standard II—Performance Measurement and Improvement, Standard IX—Subcontracts and Delegation, Standard X—Provider Network, Standard XI—Credentialing, and Standard XIV—Appeals. HSAG did not identify any continued opportunities for improvement.

Appendix A of this report presents details of the scores for the review of the standards.

3. Performance Improvement Process

for Region 9—Macomb County CMH Services

Macomb County CMH Services is required to submit to MDCH a corrective action plan for all elements scored as *Substantially Met, Partially Met,* or *Not Met*. The corrective action plan must be submitted within 30 days of receipt of the final report. For each element that requires correction, the plan should identify the planned interventions to achieve compliance with the requirement(s), the individual(s) responsible, and the timeline.

Appendix A. Review of the Standards

for Region 9—Macomb County CMH Services

The review of the standards follows this cover page.

Standard II—Performance Measurement and Improvement

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
4. Review of Sentinel Events MDCH Contract Attachment P 6.7.1.1		
a. The QAPIP describes the process for the review of sentinel events.		

Prior Recommendations

The PIHP must ensure that its sentinel event policy and process encompass the requirements and time frames as specified in the MDCH QAPIP Contract Attachment P6.7.1.1 and MDCH contract requirement in Section 6.1.1.

PIHP Compliance

MCCMH revised MCO Policy 8-003, Reporting and Responding to Critical Incidents, Sentinel Events and Risk Events, in October 2012 to ensure compliance with the requirements and time frames as specified in the MDCH QAPIP Contract Attachment P6.7.1.1 and MDCH contract requirement in Section 6.1.1. This policy was also revised on in July 2013 to address procedural changes within MCCMH.

2013–2014 Documentation as Submitted by the PIHP	Score
• MCCMH MCO Policy 8-003 "Reporting and Responding to Critical Incidents, Sentinel Events and Risk Events" • MCCMH MCO Policy 8-001, "Quality Improvement Program" • QAPIP Evaluation 2012-13	☒ **Met** ☐ **Substantially Met** ☐ **Partially Met** ☐ **Not Met** ☐ **Not Applicable**

Findings

The PIHP's policies 8-003, Reporting and Responding to Critical Incidents, Sentinel Events and Risk Events; 9-321, Consumer Incident, Accident, Illness, Death, or Arrest Report Monitoring; and 8-001, Quality Improvement Program, included MDCH requirements and time frames for reviewing sentinel events and described time frames—congruent with MDCH requirements—for reporting deaths.

Standard II—Performance Measurement and Improvement

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
6. Assessments of Beneficiary Experiences with Services MDCH Contract Attachment P 6.7.1.1		
g. As a result of the assessments, the organization takes specific action on individual cases as appropriate.		
h. As a result of the assessments, the organization identifies and investigates sources of dissatisfaction.		
j. As a result of the assessments, the organization informs practitioners, providers, beneficiaries, and the Governing Body of assessment results.		
k. The organization evaluates the effects of the above activities.		

Prior Recommendations

The PIHP should ensure that it addresses the findings of the qualitative and quantitative assessment of beneficiaries' experiences with its services as described in its QAPIP; that it documents how it informs practitioners, providers, beneficiaries, and the governing body of assessment results; and how it addresses individual and systemic findings.

PIHP Compliance

Please refer to the Standard II-Performance Measurement and Improvement compliance document uploaded into the support documentation folder for a summary of actions taken by MCCMH on Assessment of Beneficiary Experiences with Services.

2013–2014 Documentation as Submitted by the PIHP	Score *for* 6.g
• 2013 Direct Service Provider Survey Report • CAC Minutes 3/6/14 (demonstrating a review of the QAPI information) • Ombudsman Logs • QAPIP Eval 2012-2013 • Satisfaction Survey 2012 data and calls to consumers—this data is available on the website www.mccmh.net • QAPI 2014 Docs	☒ **Met** ☐ **Substantially Met** ☐ **Partially Met** ☐ **Not Met** ☐ **Not Applicable**

Standard II—Performance Measurement and Improvement

	Score *for* 6.h
	☒ Met ☐ Substantially Met ☐ Partially Met ☐ Not Met ☐ Not Applicable
	Score *for* 6.j
	☒ Met ☐ Substantially Met ☐ Partially Met ☐ Not Met ☐ Not Applicable
	Score *for* 6.k
	☒ Met ☐ Substantially Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Findings

The PIHP provided documentation demonstrating that it solicited, analyzed, and addressed beneficiaries' experiences with its services. The PIHP collected, aggregated, and analyzed feedback from consumers and initiated follow-up calls to consumers to address concerns. This information was included in the PIHP's annual QAPIP report. The PIHP included minutes from its Citizens Advisory Council documenting that information regarding the PIHP's quality improvement activities was reported to that body, and that an opportunity was provided for consumer feedback via roundtable discussion. The PIHP outlined plans for its Quality Council to continue to evaluate and address beneficiary satisfaction with access to and quality of services. The PIHP's FY13–14 annual work plan identified consumer surveys and other activities to solicit feedback, including member focus groups. Other goals identified in the work plan included consumer inclusion in planning, implementation, and service review.

Standard IX—Subcontracts and Delegation

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
8. PIHP Oversight The PIHP must review and follow up on any provider network monitoring of its subcontractors. MDCH Contract 6.4(J) MDCH Contract Attachment P6.7.1.1		

Prior Recommendations

The PIHP should formalize its process for review and follow up on any provider network monitoring of its subcontractors.

PIHP Compliance

MCCMH has added and amended language for contract agencies that requires subcontractors to include additional functions in the delegation area of the MCCMH/Provider Contracts issued for FY 13-16.

2013–2014 Documentation as Submitted by the PIHP	Score
• MCCMH/Provider Contract FY 13-16, Boilerplate contract • MCCMH/Provider Contract FY 13-16, Section I Delegated Functions (p. 2, paragraph H) • MCO Policy 1-001 Compliance Plan / Ethics • MCO Policy 3-001 Audit Content and Timetable • MCO Policy 3-002 Audit Follow-Up • MCO Policy 3-010 Evaluation and Monitoring of Delegated Functions • Network Monitoring Project Outline • Medicaid verification process (i.e., Experis) • Experis Letter of Agreement • MCCMH Audit Instrument • MCOSA Annual QA Audit Instrument • MCOSA QA Report Example • MCOSA QA Audit Spreadsheet • MCOSA Merger Plan and Follow-Up Letter re: Plan	☒ **Met** ☐ **Substantially Met** ☐ **Partially Met** ☐ **Not Met** ☐ **Not Applicable**

Standard IX—Subcontracts and Delegation
Findings
The PIHP's provider contracts included provisions for monitoring of the functions delegated by the provider to another subcontractor. Section H—Contract Monitoring detailed the process for the PIHP's participation in agency audits and required submission of all audit reports, including any corrective action plans, to the PIHP's Business Management Division for review and follow-up when applicable. The PIHP provided a provider audit summary demonstrating that the PIHP reviewed its subcontractors' provider network monitoring activities. During the interview, PIHP staff members stated plans to continue to formalize the process of documenting the review and follow-up activities. The updated network monitoring project outline detailed the PIHP's process of monitoring performance of its provider panel.

Standard X—Provider Network

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
8. Reason For Decision To Decline If the PIHP declines to include individual providers or groups of providers in its network, it gives the affected providers written notice of the reason for its decision. 438.12 MDCH Contract 6.4.1		

Prior Recommendations

The PIHP should ensure that written notices to providers that were declined participation in the PIHP's network include the reason for the decision.

PIHP Compliance

Verbal discussions with Corporation Council have supported that the reason for denial will not be included in letters sent to providers, at the discretion of the MCCMH.

2013–2014 Documentation as Submitted by the PIHP	Score
• MCO Policy 3-020, Procurement of Goods and Services, VI. C.1., P. 6 • MCO Policy 3-030, Procurement of Specialized Residential Facilities, VI, C.1, P. 6 • Sample Provider Denial Letter declining participation in the network	☒ **Met** ☐ **Substantially Met** ☐ **Partially Met** ☐ **Not Met** ☐ **Not Applicable**

Findings

The PIHP's Provider Network Management policies 3-020, Procurement of Goods and Services, and 3-030, Procurement of Specialized Residential Facilities, included requirements for sending written notice to providers/entities whose proposals were not approved for selection to inform them that their submissions were not selected, including the reason for the decision. Example letters dated March 2014 submitted for the desk audit demonstrated compliance with the requirement and provided the reason for not including the applicant in the PIHP's network. During the interview, PIHP staff members clarified that the statement that the PIHP would not include the reason for the denial in its letters sent to providers was not correct, as it did not reflect the PIHP's policies or practice.

Standard XI—Credentialing

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
1. Credentialing The PIHP follows a documented process consistent with State policy for credentialing and recredentialing of providers who are employed by or have signed contracts or participation agreements with the PIHP. 438.214(b)(2) MDCH Contract 6.4.3		

Prior Recommendations

MCCMH must ensure that its policies are consistent with the State policy for credentialing and recredentialing of providers and that it follows a documented process consistent with the State's minimum requirements.

PIHP Compliance

MCCMH revised the credentialing and privileging policies, as well as the policy on provider profile applications, in the first quarter FY 2013, in order to ensure compliance with the State's minimum requirements for credentialing and re-credentialing of providers. MCCMH has recently revised the credentialing and privileging policies a second time. The two policies have been combined into one draft policy, which shall be implemented by the end of March 2014. The draft is included in the support documentation for your review.

2013–2014 Documentation as Submitted by the PIHP	Score
• MCCMH MCO Policy 3-004, "Network Application / Profiling" • MCCMH MCO Policy 8-010, "Organizational Credentialing" • MCCMH MCO Policy 10-070, "Credentialing" • MCCMH MCO Policy 10-075, "Privileging" • MCOSA State Contract Requirements, Attachment A to MCOSA Provider Contract • MCCMH Provider Contract	☒ **Met** ☐ **Substantially Met** ☐ **Partially Met** ☐ **Not Met** ☐ **Not Applicable**

Findings

The PIHP's current policy was congruent with the MDCH credentialing and recredentialing requirements. The PIHP provided documentation demonstrating that its credentialing and recredentialing processes were consistent with MDCH requirements.

Standard XI—Credentialing

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
4. Provider Discrimination The PIHP has processes to ensure: ♦ That the credentialing and recredentialing processes do not discriminate against: ▪ A health care professional solely on the basis of license, registration, or certification. ▪ A health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment. ♦ Compliance with Federal Requirements that prohibit employment or contracts with providers excluded from participation under either Medicare or Medicaid. 438.12 and 438.214(c) MDCH Contract 6.4.1 MDCH Contract Attachment P6.4.3.1		

Prior Recommendations

The PIHP must revise its policies and processes to ensure compliance with federal requirements that prohibit employment or contracts with providers excluded from participation under either Medicare or Medicaid.

PIHP Compliance

MCCMH revised the credentialing and privileging policies, as well as the policy on provider profile applications, in the first quarter FY 2013, to ensure compliance with federal requirements that prohibit employment or contract with providers excluded from participation under either Medicare or Medicaid.

2013–2014 Documentation as Submitted by the PIHP	Score
• MCCMH MCO Policy 3-004, "Network Application / Profiling" • MCCMH MCO Policy 8-010, "Organizational Credentialing" • MCCMH MCO Policy 10-070, "Credentialing" • MCCMH MCO Policy 10-075, "Privileging"	☒ **Met** ☐ **Substantially Met** ☐ **Partially Met** ☐ **Not Met** ☐ **Not Applicable**

Standard XI—Credentialing

Findings

The PIHP provided its current policy, which was congruent with the MDCH credentialing and recredentialing requirements, including processes to ensure it did not employ or contract with providers excluded from participation under either Medicare or Medicaid. The PIHP's Policy 10-070, Credentialing, indicated that the PIHP would verify the provider's status through the National Practitioner Data Bank (NPDB) or the Office of Inspector General's (OIG) excluded providers list. The PIHP provided a draft policy, which was also congruent. The PIHP's contract template included a requirement specifying that, at the time of hire and regularly thereafter, the contractor must conduct a query of the sanctioned provider list to ensure that each staff person had not been excluded from participation in Federal or State health care programs, including Medicaid. The Substance Abuse Services Agreement credentialing policy also specified that the delegated credentialing function included verification from NPDB, the OIG, or the MDCH list of sanctioned providers. The PIHP provided several provider application packets that included screen prints documenting the PIHP had conducted OIG queries.

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
5. Written Policy—Authorities The PIHP's credentialing policy was approved by the PIHP's governing body and identifies the PIHP administrative staff member responsible for oversight of the process. MDCH Contract Attachment P6.4.3.1		

Prior Recommendations

The PIHP should ensure that its policies reflect current lines of authority and processes.

PIHP Compliance

MCCMH revised the credentialing and privileging policies in the first quarter FY 2013, to clarify the line of authority in the process of credentialing providers.

2013–2014 Documentation as Submitted by the PIHP	Score
• MCCMH MCO Policy 10-070, "Credentialing" • MCCMH MCO Policy 10-075, "Privileging" • MCCMH MCO Policy 8-010, "Organizational Credentialing"	☒ Met ☐ Substantially Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Findings

The PIHP's Policy 10-070, Credentialing, delineated the application review and recommendation/authorization process. The policy identified that authorization of full or provisional credentials would be made only by the executive director, following review by executive staff members, and upon recommendation from the

Standard XI—Credentialing

PIHP's Professional Standards Subcommittee. Policy 8-010, Organizational Credentialing, delineated the roles of the Business Management Division, the executive director, and the PIHP's Board of Directors in contracting with organizational providers.

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
6. Written Policy—Responsibility The PIHP's policy identifies the administrative staff member and entity (e.g., credentialing committee) responsible for oversight and implementation of the process and delineates their role. MDCH Contract Attachment P6.4.3.1		

Prior Recommendations

The PIHP should ensure that its policies reflect current roles and implementation processes.

PIHP Compliance

MCCMH revised the credentialing and privileging policies in the first quarter FY 2013, to clarify the line of authority in the process of credentialing providers.

2013–2014 Documentation as Submitted by the PIHP	Score
• MCCMH MCO Policy 10-070, "Credentialing" • MCCMH MCO Policy 10-075, "Privileging" • MCCMH MCO Policy 8-010, "Organizational Credentialing"	☒ **Met** ☐ **Substantially Met** ☐ **Partially Met** ☐ **Not Met** ☐ **Not Applicable**

Findings

The PIHP's Policy 10-070, Credentialing, delineated the application review and recommendation/authorization process. The policy identified that authorization of full or provisional credentials would be made only by the executive director, following review by executive staff members, and upon recommendation from the PIHP's Professional Standards Subcommittee. Policy 8-010, Organizational Credentialing, delineated the roles of the Business Management Division, the executive director, and the PIHP's Board of Directors in contracting with organizational providers.

Standard XI—Credentialing

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
7. Written Policy—Documentation The policy describes the methodology to document that each credentialing or recredentialing file was complete and reviewed prior to presentation to the credentialing committee for evaluation. MDCH Contract Attachment P6.4.3.1		

Prior Recommendations

The PIHP should ensure that its policies reflect current processes.

PIHP Compliance

MCCMH revised the credentialing and privileging policies in the first quarter FY 2013, to reflect all aspects of the current review processes, including responsible lines of authority.

2013–2014 Documentation as Submitted by the PIHP	Score
• MCCMH MCO Policy 8-010, "Organizational Credentialing" • MCCMH MCO Policy 10-070, "Credentialing" • MCCMH MCO Policy 10-075, "Privileging" • MCOSA State Contract Requirements, Attachment A to MCOSA Provider Contract	☒ **Met** ☐ **Substantially Met** ☐ **Partially Met** ☐ **Not Met** ☐ **Not Applicable**

Findings

The PIHP's Policy 10-070, Credentialing, specified that prior to referring an application to the Professional Standards Subcommittee, the director (or designee) of the Clinical Strategy and Clinical Improvement Division must conduct primary source verification of the applicant's licensure or certification, board certification, education, and eligibility to provide Medicaid services via a query of the NPDB or OIG. Similarly, Policy 3-004, Network Application/Profiling Process, identified that the Provider Network Unit of the Business Management Division must review applications for completeness before forwarding with findings and comments to the PIHP's Provider Procurement Committee or to the Director of Business Management.

Standard XI—Credentialing

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
13. Temporary/Provisional Credentialing of Individual Practitioners MDCH Contract Attachment P6.4.3.1		
a. Policies and Limitations The PIHP has a policy and procedures to address granting of temporary or provisional credentials and the policy and procedures require that the temporary or provisional credentials are not granted for more than 150 days.		

Prior Recommendations

MCCMH must ensure that its policies and processes adhere to the requirement that temporary or provisional credentials are not granted for more than 150 days.

PIHP Compliance

MCCMH revised the credentialing and privileging policies in the first quarter FY 2013, to ensure that temporary or provisional credentials are not granted for more than 150 days.

2013–2014 Documentation as Submitted by the PIHP	Score
• MCCMH MCO Policy 10-070, "Credentialing" • MCCMH MCO Policy 10-075, "Privileging" • MCCMH MCO Policy 8-010, "Organizational Credentialing"	☒ **Met** ☐ **Substantially Met** ☐ **Partially Met** ☐ **Not Met** ☐ **Not Applicable**

Findings

The PIHP's Policy 10-070, Credentialing, addressed granting of temporary or provisional credentials. The PIHP allowed 30 days from the date of hire to render a decision regarding temporary credentialing. Initial temporary credentials were limited to 120 days, after which they expired. An employee or independent contractor with expired initial credentials/privileges would no longer be able to perform job duties. The PIHP's Policy 8-010, Organizational Credentialing, specified that organizational providers must recredential their directly-operated and contracted service providers in accordance with MDCH's credentialing process.

Standard XI—Credentialing

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
15. Recredentialing Requirements for Individual Practitioners The PIHP's policy and procedures for recredentialing require, at a minimum: ♦ An update of information obtained during the initial credentialing. ♦ A process for ongoing monitoring, and intervention when appropriate, of provider sanctions, complaints, and quality issues pertaining to the provider, which must include, at a minimum, a review of: ▪ Medicare/Medicaid sanctions. ▪ State sanctions or limitations on licensure, registration, or certification. ▪ Beneficiary concerns, which include grievances (complaints) and appeals information. ▪ PIHP quality issues MDCH Contract Attachment P6.4.3.1		

Prior Recommendations

MCCMH must ensure that the recredentialing process includes a documented query for Medicare/Medicaid sanctions or exclusions.

PIHP Compliance

MCCMH revised the credentialing and privileging policies in the first quarter FY 2013, to clarify that MCCMH ensures compliance with federal requirements prohibiting employment with individual practitioners who are excluded from participation under either Medicare or Medicaid.

2013–2014 Documentation as Submitted by the PIHP	Score
• MCCMH MCO Policy 10-070, "Credentialing" • MCCMH MCO Policy 10-075, "Privileging" • MCCMH MCO Policy 3-004, "Provider Network / Profiling" • MCOSA Provider Contract Attachment A • MCCMH Provider Contract	☒ Met ☐ Substantially Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard XI—Credentialing

Findings

The PIHP's Policy 10-070, Credentialing, indicated that the PIHP would verify the provider's status through the NPDB or the OIG excluded providers list. The PIHP's contract template included a requirement specifying that, at the time of hire and regularly thereafter, the contractor must conduct a query of the sanctioned provider list to ensure that each staff person had not been excluded from participation in federal or state health care programs, including Medicaid. The Substance Abuse Services Agreement credentialing policy also specified that the delegated credentialing function included verification from NPDB, the OIG, or the MDCH list of sanctioned providers.

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
16. Delegation of PIHP Responsibilities for Credentialing/ Recredentialing If responsibilities for credentialing/recredentialing are delegated by the PIHP, the PIHP: ♦ Retains the right to approve, suspend, or terminate providers selected by the entity. ♦ Must meet all requirements associated with the delegation. ♦ Specifies in the delegation agreement/subcontract the functions that are delegated and those that are retained. ♦ Is responsible for oversight of delegated credentialing or recredentialing decisions. MDCH Contract Attachment P6.4.3.1		

Prior Recommendations

The PIHP's organizational policy should not reference an obsolete MDCH version of the credentialing policy. Policy requirements should be consistent with current MDCH requirements.

PIHP Compliance

MCCMH revised the organization credentialing policy in the first quarter FY 2013, to ensure compliance with this standard, by deleting references to obsolete contract language.

2013–2014 Documentation as Submitted by the PIHP	Score
• MCCMH MCO Policy 8-010, "Organizational Credentialing" • MCCMH MCO Policy 10-070, "Credentialing" • MCCMH MCO Policy 10-075, "Privileging"	☒ **Met** ☐ **Substantially Met** ☐ **Partially Met**

Standard XI—Credentialing

• MCCMH Provider Contract • MCCMH MCO Policy 3-010, "Evaluation and Monitoring of Delegated Functions" • MCOSA State Contract Requirements, Attachment A to MCOSA Provider Contract	☐ **Not Met** ☐ **Not Applicable**

Findings

The PIHP's Policy 8-010, Organizational Credentialing, specified that all contracted organizational providers and all subcontracted providers must implement a credentialing process that was congruent with the MDCH Mental Health and Substance Abuse Administration's credentialing and re-credentialing processes. The MDCH credentialing and re-credentialing process (FY13 Contract Attachment P.6.4.3.1) was incorporated in the policy as Exhibit A.

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
18. Organizational Providers—Credentialing for Individuals Employed by, or Contracted with, an Organizational Provider The PIHP must ensure that the contract between the PIHP and any organizational provider requires the organizational provider to credential and recredential their directly employed and subcontracted direct service providers in accordance with the PIHP's credentialing/recredentialing policies and procedures (which must conform to MDCH's credentialing process). MDCH Contract Attachment P6.4.3.1		

Prior Recommendations

The PIHP must ensure that the contract between the PIHP and any organizational provider requires organizational providers to credential and recredential their directly employed and subcontracted direct service providers in accordance with the PIHP's credentialing/recredentialing policies and procedures (which must conform to MDCH's credentialing process).

PIHP Compliance

MCCMH revised the organizational credentialing policy in the first quarter FY 2013 to require organization providers to credential and re-credential their directly employed and subcontracted direct service providers in accordance with MCCMH's credentialing / re-credentialing policies and procedures (which conform to MDCH's credentialing process).

2013–2014 Documentation as Submitted by the PIHP	Score
• MCCMH MCO Policy 8-010, "Organizational Credentialing" • MCCMH MCO Policy 10-070, "Credentialing" • MCCMH MCO Policy 10-075, "Privileging"	☒ **Met** ☐ **Substantially Met** ☐ **Partially Met**

Standard XI—Credentialing	
• MCCMH MCO Policy 3-004, "Network Application / Profiling" • MCOSA Provider Contract • MCCMH Provider Contract	☐ **Not Met** ☐ **Not Applicable**

Findings
The PIHP's policies (8-010, Organizational Credentialing; 10-070, Credentialing; 10-075, Privileging; 10-075, Privileging Network Application/Profiling) and contract requirements were consistent with the current MDCH credentialing and re-credentialing process (as posted on the MDCH Web site, FY14 Contract Attachment P.6.4.3.1).

Standard XIV—Appeals

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
10. Denial of a Request for Expedited Resolution of an Appeal If a request for expedited resolution of an appeal is denied, the PIHP: ◆ Transfers the appeal to the time frame for standard resolution (i.e., no longer than 45 days from the date the PIHP received the appeal). ◆ Makes reasonable efforts to give the beneficiary prompt oral notice of the denial. ◆ Gives the beneficiary follow-up written notice within two calendar days. 438.410(c) Attachment P6.3.2.1		

Prior Recommendations

The PIHP should ensure that it consistently follows the process for denial of a request for expedited resolution of an appeal as detailed in its policies and the MDCH contract.

PIHP Compliance

MCCMH has a new employee in the Ombudsman role, who has received appropriate training related to the appeal process. All requests for faster hearing dates are treated as requests for expedited appeals. Contact with the individual is now documented when it is determined that an expedited appeal is not appropriate, and that the appeal will be heard as a standard appeal. Individuals are contacted by phone with a written follow-up letter.

2013–2014 Documentation as Submitted by the PIHP	Score
• MCO Policy 9-170, Local Appeals, VI. A. 5. (d) • MCOSA Provider Contracts • Advance Action Letter, Ex. A to MCO Policy 4-020 • Adequate Action Letter, Ex. B to MCO Policy 4-020 • Member Handbook, “Help When You Need It,” p. 50 • Hearing Officer documentation – two samples of denials of expedited appeals (notes and written letter)	☒ **Met** ☐ **Substantially Met** ☐ **Partially Met** ☐ **Not Met** ☐ **Not Applicable**

Findings

The PIHP provided training on the appeals process to ensure that the process for denial of a request for expedited resolution of an appeal as detailed in its policies and the MDCH contract is followed consistently. The PIHP provided examples of denials of a request for an expedited appeal that demonstrated compliance with the requirement.

Standard XV—Regional Common Policies

Requirement	Evidence/Documentation as Submitted by the PIHP
1. General Management Policies and Procedures The PIHP has developed one set of common general management policies and procedures used throughout the region which include Program Integrity and Compliance components outlined in 42 CFR 438.602 and 42 CFR 438.608. AFP 2.1	• MCCMH MCO Policy Manual – applicable to the entire provider network (contract and internally-operated) and required in provider contracts • MCCMH Executive Directives (remains in effect until or unless it is replaced by a promulgated policy or rescinded by the Region's CEO) – see MCCMH MCO Policy website: http://www.mccmh.net/AboutMCCMH/PolicyManuals.aspx Summary of General Management policies taken from the MCCMH MCO Policy Manual: • 1-001, "Overview: Compliance Program / Code of Ethics" • 1-002, "Adoption of Macomb County Ethics Ordinance" • 10-510, "Reporting Complaints/Non-Retaliation" • 10-515, "Internal Reporting Mechanism" • 10-520, "Investigations/Disciplinary Actions (Compliance)" • 10-525, "Training and Education (Compliance)" • 5-010, "Compliance with Laws and Regulations" • 5-011, "Policy Development, Implementation and Review" • 5-001, "Accessibility" • 10-001, "Adoption of Macomb County Personnel Policies" • 10-002, "Human Resources Management" • 10-003, "Anti-Discrimination and Harassment" • 10-005, "Criminal Record Checks of Employees/Independent Contractors" • 10-009, "Supplemental Employment" • 10-010, "Conflict of Interest" • 10-011, "Personal Use / Personal Gain"

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	• 10-050, "Emergency Preparedness" • 10-056, "Infection Control Plan" • 10-070 and 10-075, "Credentialing and Privileging" • 8-010, "Organizational Credentialing" • 10-310 through 10-470 – HIPAA Privacy and Security

Findings

General Comments About Common Regional Policies:

Following the reorganization of Michigan's behavioral health system into regional entities, Macomb County CMH Services remained a single-county, stand-alone PIHP without changes to its legal status or geographic service area. The PIHP's existing policies and procedures remained in effect. The PIHP's Managed Care Organization Policy Manual, available on the PIHP's Web site, was applicable to the entire provider network in the region, including contracted network providers and directly operated programs. The policies specified whether they were applicable to the PIHP administrative offices, directly operated programs, and/or contracted network providers and detailed applicable standards and procedures. During the interview, PIHP staff members stated that the PIHP conducted annual reviews of its policies, informed providers and internal staff members of any new policies or policy revisions via e-mail, and posted policy updates on the PIHP's Web site. Policy 3-010, Evaluation and Monitoring of Delegated Functions, detailed the PIHP's processes for pre-delegation assessments, ongoing monitoring, and formal review of providers' performance to ensure that the policies were implemented consistently throughout the region.

General Management Policies and Procedures:

The general management policies listed above were included in the PIHP's MCO Policy Manual applicable to all internally operated programs and contracted network providers. Policy 1-001, Compliance Program/Code of Ethics, detailed the PIHP's corporate compliance program and its procedures. During the interview, PIHP staff members stated that the Business Management Division conducted quarterly provider meetings that included discussion of policy issues when needed to ensure consistent application throughout the region.

Standard XV—Regional Common Policies

Requirement	Evidence/Documentation as Submitted by the PIHP
2. Financial Management Policies and Procedures The PIHP has developed common financial management policies and procedures that will be used throughout the region among member CMHSPs, MCPNs, or Core Providers. AFP 2.2	• MCCMH MCO Policy 3-020, "Procurement of Goods and Services" • MCCMH MCO Policy 10-061, "Standards for Depreciable Assets" • MCCMH MCO Policy 5-009, "Prohibition Against Denial of Services Due to Inability to Pay" • MCCMH MCO Policy 7-001, "Determination of Financial Liability" • MCCMH MCO Policy 9-780, "Recipients Personal Property and Funds" • MCCMH MCO Policy 10-060, "Program Management and Liability Procedures" • Risk Management Plan processes • Medicaid verification process (i.e., Experis)

Findings

The PIHP's Finance and Budget Department was responsible for the financial management functions. Related policies were included in various chapters of the PIHP's policy manual and addressed standards for procurement, determination of financial liability, asset depreciation, risk management, and other financial management functions.

Requirement	Evidence/Documentation as Submitted by the PIHP
3. Information Systems Management Policies and Procedures The PIHP has developed one set of common information systems management policies and procedures that will be used throughout the region among member CMHSPs, MCPNs, or Core Providers. AFP 2.3	• MCCMH MCO Policy 2-010, "Standards for Clinical Services Documentation" • MCCMH MCO Policy 2-018, "Correction, Supplementation, or Deletion of Information from EMR" • MCCMH MCO Policy 10-020, "Compliance with Software Licenses and Laws" • MCCMH MCO Policy 10-030, "Protection of Electronic Confidential Information" • MCCMH MCO Policy 10-031, Expectation of Privacy, Monitoring, Prohibited Content and Use of Electronic and Telephonic Communications" • MCCMH MCO Policy 10-032, "Acceptable Internet Use"

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	• MCCMH MCO Policy 10-0320, "Designated Record Set" • MCCMH MCO Policy 10-310, "Notice of Privacy Practices" • MCCMH MCO Policy 10-325, "Minimum Necessary HIPAA Privacy" • MCCMH MCO Policy 10-330, "Right to Restrict Disclosures" • MCCMH MCO Policy 10-340, "Right to an Accounting of Disclosures" • MCCMH MCO Policy 10-345, "Confidential Communications" • MCCMH MCO Policy 10-350, "Privacy Complaint Process" • MCCMH MCO Policy 10-355, "Privacy Training" • MCCMH MCO Policy 10-360, "Staff Protected Health Info" • MCCMH MCO Policy 10-410, "Security Overview" • MCCMH MCO Policy 10-415, "Security Audits" • MCCMH MCO Policy 10-420, "Periodic Evaluation" • MCCMH MCO Policy 10-425, "Security Awareness Training" • MCCMH MCO Policy 10-430, "Security Incident Reporting Process" • MCCMH MCO Policy 10-435, "Security Investigation/Disciplinary Action" • MCCMH MCO Policy 10-440, "Access Control" • MCCMH MCO Policy 10-445, "Device Media Control" • MCCMH MCO Policy 10-450, "Workforce Security" • MCCMH MCO Policy 10-455, "Virus Protection" • MCCMH MCO Policy 10-460, "Password Management" • MCCMH MCO Policy 10-470, "Contingency Plans for EPHI Security"
Findings	
The information systems management policies listed above were found primarily in Chapter 10 of the PIHP's policy manual and addressed topics including data security, confidentiality, privacy practices, and documentation requirements.	

Standard XV—Regional Common Policies

Requirement	Evidence/Documentation as Submitted by the PIHP
4. Provider Network Management Policies and Procedures The PIHP has developed one set of common provider network management policies and procedures that will be used throughout the region among member CMHSPs, MCPNs, or Core Providers. AFP 2.4	• MCCMH MCO Policy 2-006, “Service Provider Appeals” • MCCMH MCO Policy 3-001, “Audit Content and Timetable” • MCCMH MCO Policy 3-002, “Audit Follow Up” • MCCMH MCO Policy 3-003, “Provider Manual” • MCCMH MCO Policy 3-004, “Network Application/Profiling Process” • MCCMH MCO Policy 3-005, “Pharmaceutical Company Sales Representatives at MCCMH Provider Sites” • MCCMH MCO Policy 3-010, “Evaluation and Monitoring of Delegated Functions” • MCCMH MCO Policy 3-015, “Mandatory Network Training” • MCCMH MCO Policy 3-020, “Procurement of Goods and Services” • MCCMH MCO Policy 3-030, “Procurement of Specialized Residential Facilities • MCCMH MCO Policy 3-031, “Fire Safety in Residential Settings” • MCCMH MCO Policy 3-032, “Living Wage” • MCCMH MCO Policy 5-012, “Participation in Federal E-Verify Program” • MCCMH MCO Policy 8-007, “Record Review Process” • MCCMH MCO Policy 1-001, Compliance Program/ code of Ethics” • MCCMH MCO Policy10-510, “Reporting Complaints/Non-Retaliation” • MCCMH MCO Policy 10-515, “Internal Reporting Mechanism” • MCCMH MCO Policy 10-520, “Investigations/Disciplinary Actions (Compliance)” • MCCMH MCO Policy 10-525, “Training and education (Compliance)” • MCCMH Provider Contract • MCOSA Provider Contract • MDCH/MCCMH Contract • MDCH BSAAS/ MCOSA Contract

Standard XV—Regional Common Policies

Findings

The policies listed above as part of the PIHP's provider manual detailed standards and procedures for network management functions. They addressed topics including provider appeals, audits, monitoring of delegated functions, and training.

Requirement	Evidence/Documentation as Submitted by the PIHP
5. Utilization Management Policies and Procedures The PIHP has developed one set of common utilization management function policies and procedures that will be used throughout the region among member CMHSPs, MCPNs, or Core Providers. AFP 2.5	• MCCMH MCO Policy 12-002, "Utilization Management" • Utilization Management Plan • MCCMH MCO Policy 12-001, "Access Management Manual" • MCCMH MCO Policy 11-001, "Substance Abuse Division Policy and Procedure Manual"

Findings

Chapter 12 of the PIHP's posted policy manual included Policy 12-001, Access Management Manual, and Policy 12-002, Utilization Management (UM). The policies were applicable to directly operated and contracted network providers. The two-page access management policy incorporated the Access Management Manual by reference into the PIHP's policy manual. The Access Management Manual was not available on the Web site but the policy stated it was available at the PIHP's Network Development and Utilization Management Office. Similarly, the UM policy incorporated the Specialty Services UM Plan and the Substance Abuse UM Plan by reference into the PIHP's policy manual. The policy stated that the Specialty Services UM plan was available at the PIHP's Network Development and Utilization Management Office and the Substance Abuse UM Plan was available at the Macomb County Office of Substance Abuse (MCOSA).

Requirement	Evidence/Documentation as Submitted by the PIHP
6. Customer Services Policies and Procedures The PIHP has developed one set of common customer services policies and procedures that will be used throughout the region among member CMHSPs, MCPNs, or Core Providers. AFP 2.6	• MCCMH MCO Policy 4-010, "Provision and Distribution of Information to Consumers" • MCCMH MCO Policy 5-002, "Cultural and Linguistic Competency" • MCCMH MCO Policy 3-010, "Evaluation and Monitoring of Delegated Functions" • MCCMH MCO Policy 5-006, "Mission Statement" • MCCMH MCO Policy 5-007, "Vision Statement" • MCCMH MCO Policy 5-004, "Board Bylaws" • MCCMH MCO Policy 3-020, "Procurement of Goods and Services" • MCCMH MCO Policy 3-030, "Procurement of Specialized Residential Services"

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	• MCCMH MCO Policy 2-002, "Open Communication with Consumers" • MCCMH MCO Policy 9-600, "Informed Consent for Service" • MCCMH MCO Policy 2-007, "Self Determination" • MCCMH MCO Policy 8-002, "Follow up Satisfaction of Consumers" • MCCMH MCO Policy 8-006, "Consumerism" • MCCMH MCO Policy 3-004, "Network Application and Profiling Process" • MCCMH MCO Policy 2-009, "Consumer/Provider Grievances" • MCCMH MCO Policy 4-020, "Notices of Advance and Adequate Action and Appeal Rights for Medicaid Consumers" • MCCMH MCO Policy9-170, "Local Appeals" • MCCMH MCO Policy 9-180, "Second Opinions" • MCCMH MCO Policy 4-001, "Prevention" • MCCMH MCO Policy 4-002, "Collaborative Community Planning"

Findings

The above-listed PIHP policies addressing the customer services functions were included in various chapters of the PIHP's policy manual. They delineated standards and procedures for customer services functions including informed consent, grievances and appeals, advance and adequate notices, and mission and vision statements.

Requirement	Evidence/Documentation as Submitted by the PIHP
7. Quality Management Policies and Procedures The PIHP has developed one set of common quality management policies and procedures that will be used throughout the region among member CMHSPs, MCPNs, or Core Providers. AFP 5.1	• MCCMH MCO Policy 2-000, "Plan for Behavioral Health Services" • MCCMH MCO Policy 2-010, "Standards for Clinical Services Documentation" • MCCMH MCO Policy 2-011, "IDDT" • MCCMH MCO Policy 2-025, "Research and Educational Training Committee" • MCCMH MCO Policy 3-015, "Mandatory Network Training" • MCCMH MCO Policy 2-018, "Correction, Supplementation, or Deletion of Information from EMR"

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	• MCCMH MCO Policy 8-001, "Quality Improvement Program" • MCCMH MCO Policy 8-002, "Follow-up and Satisfaction – Consumers" • MCCMH MCO Policy 8-003 "Reporting and Responding to Critical Incidents, Sentinel Events and Risk Events" • MCCMH MCO Policy 8-004, "Reporting and Responding to Medication Errors/ Adverse Drug Events" • MCCMH MCO Policy 8-006, "Consumerism" • MCCMH MCO Policy 8-008, "Behavior Treatment Plan Review Committee" • MCCMH MCO Policy 8-010, "Organizational Credentialing" • MCCMH MCO Policy 10-070, "Credentialing" • MCCMH MCO Policy 10-075, "Privileging" • MCCMH MCO Policy 10-800, " Quality Concern Referral" • Recipients Rights -- MCCMH MCO Policies 9-100 through 9-900 • MCCMH MCO Policy 11-001, "Substance Abuse Division Provider Manual" • MDCH / MCCMH Contract • MDCH BSAAS/ MCOSA Contract
Findings	
The above-listed PIHP policies on quality management were included in the PIHP's policy manual. Policy 11-001, Substance Abuse Division Provider Manual, stated that the MCOSA manual was incorporated by reference into the PIHP's policy manual and was available at MCOSA.	

Standard XV—Regional Common Policies

Requirement	Evidence/Documentation as Submitted by the PIHP
8. Provider Network Evaluation Within its region, the PIHP has common established processes which demonstrate that the provider network effectively: ◆ Evaluates the systemic factors involved in any occurrence of critical incidents and at-risk health conditions, and behavioral and medical crises. ◆ Identifies any individual precursors to potential behavioral or medical crises that can serve as a warning to caregivers and staff. ◆ Identifies and implements actions to eliminate or lessen the risk that critical incidents, sentinel events, and behavioral crises will occur. AFP 5.1	• MCCMH MCO Policy 8-003 "Reporting and Responding to Critical Incidents, Sentinel Events and Risk Events" • MCCMH MCO Policy 8-004, "Reporting and Responding to Medication Errors/ Adverse Drug Events" • MCCMH MCO Policy 8-008, "Behavior Treatment Plan Review Committee" • MCCMH MCO Policy 9-321, "Consumer Incident, Accident, Illness, Death or Arrest Report Monitoring" • MCCMH MCO Policy 9-515, "Repeated Rights Events Review Committee"

Findings

The above-listed PIHP policies on provider network evaluation were included in the PIHP's policy manual.

Requirement	Evidence/Documentation as Submitted by the PIHP
9. Olmstead Compliance The PIHP has developed a policy defining the standards the region's provider network will follow in releasing people from institutions. The provider network's treatment professionals must determine that the placement is appropriate; the individual must not object to being released from the institution; and the provider is able to provide supports and services that enable them to live successfully in the community. AFP 5.3.1	• MCCMH MCO Policy 2-040, "ADA and Olmstead Compliance"

Findings

The above-listed PIHP policy was included in the PIHP's policy manual. The policy detailed the PIHP's standards for compliance with the Americans with Disabilities Act of 1990 (ADA) and Olmstead Decision.

Standard XV—Regional Common Policies

Requirement	Evidence/Documentation as Submitted by the PIHP
10. Employment Services Policy The PIHP has developed a regional policy that assures consistency across the applicant's service area in the provision of competitive, integrated employment services for the individuals served. AFP 5.3.2	• MCCMH MCO Policy 2-044 "Evidence Based Supported Employment (Individual Placement and Support)

Findings

The above-listed PIHP policy was included in the PIHP's posted policy manual. The policy delineated the PIHP's standards and requirements for assisting beneficiaries to identify and participate in community-supported employment.

Requirement	Evidence/Documentation as Submitted by the PIHP
11. Recovery—Self Determination Policy and Procedures The PIHP has developed a regional policy and procedures to allow and encourage individuals with serious mental illness to participate in a self-determined arrangement. AFP 5.5.6	• MCCMH MCO Policy 2-007, "Self-Determination"

Findings

The above listed PIHP policy was included in the PIHP's policy manual.

Requirement	Evidence/Documentation as Submitted by the PIHP
12. Recovery—Integration Policies and Procedures The PIHP has developed regional policies and procedures for admission, discharge, referral, and collaborative care that support individual choice, person centered, culturally competent, trauma informed practice and the attainment of self-directed goals. The policies and procedures will incorporate SUD provider/recovery networks into the service delivery system. AFP 5.5.7	• Co-occurring Workgroup (COW) Member and Responsibility List • Co-occurring Workgroup (COW) Agendas and Minutes • COW Draft Policy • Integrated Health Workgroup Agendas and Minutes • Integrated Health Care Fact Sheets (this information is dispersed electronically to staff working in our system)

Findings

The PIHP's posted policies included numerous policies pertaining to integration of care. As a single-county region, which has been the coordinating agency for many years, the PIHP had developed regional policies and procedures promoting recovery and integration of care. Examples of the PIHP's policies include: Self

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Determination, Evidence-Based Supported Employment, Person-Centered Planning Practice Guideline, Integrated Dual-Diagnosis Treatment—Co-Occuring Disorders—Evidence-Based Practice, Person-Centered Process and the Role of Health and Safety Considerations, ADA and Olmstead Compliance, Dignity/Services Suited to Condition/Humane Environment/Least Restrictive Treatment Environment, and Services for Recipient affected by Physical Barriers.

Requirement	Evidence/Documentation as Submitted by the PIHP
13. Integrated Care Plan Policies and Procedures The PIHP has developed regional policies and procedures to support the provision of collaborative work between substance use, mental health, and primary care providers resulting in an integrated care plan for individuals. AFP 5.5.8	• Co-occurring Workgroup (COW) Member and Responsibility List • Co-occurring Workgroup (COW) Agendas and Minutes • COW Draft Policy • Integrated Health Workgroup Agendas and Minutes • Integrated Health Care Fact Sheets (this information is dispersed electronically to staff working in our system)

Findings

In addition to policies, the PIHP has a Co-Occurring Workgroup (COW) and Integrated Health Workgroup. The PIHP provided Integrated Health Care Fact Sheets, information, and links to other resources that are provided electronically to staff members working in the PIHP’s system. Additionally, the PIHP provided the agendas and minutes for the workgroups and a draft version of the PIHP’s Co-Occurring Services Policy.