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<b>Standard I: Performance Measurement and Improvement</b>			
1. Satisfaction Survey - Assessments of Member Experiences with Services.	A. The provider completes periodic qualitative and quantitative assessments of member experiences with its services. Summary to be submitted to CDR quarterly.  Must have QI plan (QAPIP)		<ul style="list-style-type: none"> <li>• QI description</li> <li>• Satisfaction Survey methodology/tool</li> <li>• Tools and methodology used in assessing recipient experience with services</li> </ul>
	B. Assessments represent persons served and services and supports offered.		<ul style="list-style-type: none"> <li>• Tools and methodology used in assessing recipient experience with services</li> </ul>
	C. The survey must address the issue of "overall satisfaction" including quality, availability, and accessibility of care.		<ul style="list-style-type: none"> <li>• Quality Improvement Process Description</li> <li>• Tools and methodology used in assessing recipient experience with services</li> </ul>
	1. As a result of the surveys, the organization: Takes specific action on individual cases as appropriate;		<ul style="list-style-type: none"> <li>• Examples/Reports</li> </ul>
	2 Identifies and investigates sources of dissatisfaction;		<ul style="list-style-type: none"> <li>• Examples/Reports</li> </ul>
	3. Outlines systematic action steps to follow-up on the findings; and		<ul style="list-style-type: none"> <li>• Examples/Reports</li> </ul>
	4. Informs practitioners, providers, recipients of service, and the Governing Body of assessment results.		<ul style="list-style-type: none"> <li>• Newsletters</li> <li>• Bulletin Boards</li> <li>• Meeting Minutes</li> <li>• Board Meeting Minutes</li> </ul>
	D. The organization evaluates the effects of the above activities.		<ul style="list-style-type: none"> <li>• Reports</li> <li>• Meeting minutes</li> </ul>

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Attachment P.6.7.1.1.(IX)	E. Program Description		
			<ul style="list-style-type: none"><li>• Current Program Descriptions must be on file at CA.</li><li>• Any updates must be sent to CA in a timely manner</li></ul>



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<b>Standard III: Staff Qualifications and Training</b>			
<p>1. Employed and Contracted Staff Qualifications</p> <p>Attachment P 6.7.1.1 (XI) PIHP Contract 6.4.3 MDCH Protocols B.6.4.2</p>	<p>The NorthCare SA Provider Manual contains written procedures to:</p> <ul style="list-style-type: none"> <li>• Determine whether licensed health care professionals are qualified to perform their services; and</li> <li>• Ensure non-licensed providers of care or support are qualified to perform their jobs.</li> <li>• Ensure Credentialing/privileging process. Evaluate process. Providers are required to have a C &amp; P policy that adheres to the NorthCare Policy and must submit copies of clinician credentials to NorthCare SA.</li> <li>• Substance Abuse Provider must conduct criminal background checks on all new employees and <b>periodically</b> during employment.</li> </ul>		<ul style="list-style-type: none"> <li>• QI Plan (and any referenced policies/procedures)</li> <li>• Credentialing/Privileging Policy, including hard copies of clinician credentials on file with NorthCare SA</li> <li>• Training Records</li> <li>• Review of HR records</li> <li>• Staff/Provider Training Plan</li> </ul> <p>Policy/explanation</p>

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<p>2. Staff Training</p> <p>Attachment P 6.7.1.1 (XI.B. and C) MDCH Protocols C.1.5</p>	<p>The SA Providers staff training includes:</p> <p>A. Training for new personnel with regard to their responsibilities, program policy, and operating procedures;</p> <p>B. Methods for identifying staff training needs; and,</p> <p>C. In-service training, continuing education, and staff development activities, including but not limited to:                      Cultural Competency                      Recipient Rights/Confidentiality                      HIPAA/Security                      Communicable Disease</p> <p>D. A process is in place whereby the training curriculum is revised in response to changes in accreditation standards, OSHA, MDCH, etc.</p>		<ul style="list-style-type: none"> <li>• QI Plan</li> <li>• New employee and provider orientation packets, manuals, handbooks</li> <li>• Schedule of orientation, in-service training, continuing education, staff development activities</li> <li>• Educational needs assessment</li> <li>• Sign-in sheets/attendance logs</li> <li>• NC Training Certification forms</li> <li>• Process for development/revision to training curriculum</li> <li>• Staff annual evaluation</li> <li>• Human Resource record review</li> <li>• Training Records</li> </ul>

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<b>Standard IV: Customer/Welcoming/Member Services</b>			
<p>1. Identifiable Function</p> <p style="text-align: center;">PIHP Contract 6.3.1</p>	<p>Customer services is an identifiable function that operates to enhance the relationship between the individual and the Substance Abuse Provider and includes:</p> <ul style="list-style-type: none"> <li>• Orienting new individuals to the services and benefits available, including how to access them;</li> <li>• Helping individuals with problems and questions regarding benefits;</li> <li>• Handling individual complaints and grievances in an effective and efficient manner; and</li> <li>• Tracking and reporting patterns of problem areas for the organization.</li> </ul>	<p> </p> <p> </p> <p> </p> <p> </p>	<ul style="list-style-type: none"> <li>• Description of customer services functions</li> <li>• Member handbooks</li> <li>• Policies/procedures/protocols for:                             <ul style="list-style-type: none"> <li>➢ Orienting new individuals/ responding to questions about the services and benefits available to them and how to access them</li> <li>➢ Handling complaints and grievances</li> </ul> </li> <li>• Logs/documentation of responses to the above</li> <li>• Reports of trends, patterns of problem area</li> </ul>
<p>2. Access</p> <p style="text-align: center;">MDCH PIHP AFP 6.3</p>	<ul style="list-style-type: none"> <li>• Customer service facilitates phone access by the community and service recipients throughout normal business hours. (Note: Voice mail and answering machines are not considered phone access.)</li> <li>• Phone message for after hours includes a 24 hour contact # and opportunity to leave a message for a call back to individual</li> </ul>	<p> </p>	<ul style="list-style-type: none"> <li>• Informational materials identifying hours of operation of customer service</li> <li>• Customer service phone number</li> </ul>
<p>3. Informed Staff</p> <p style="text-align: center;">MDCH PIHP AFP 6.3</p>	<p>Customer service staff have up-to-date knowledge regarding benefits, the provider network, applicant and network policies/procedures regarding access, service authorization, and grievance/appeal procedures and are skilled in customer relations.</p>	<p> </p>	<ul style="list-style-type: none"> <li>• Training materials for customer service staff</li> <li>• Evidence of customer service staff attendance at training</li> <li>• SA Provider's process for supervision of customer service staff</li> </ul>

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<p>4. Suggestions from Individuals.....</p> <p style="text-align: right;">MDCH PIHP AFP 6.3</p> <p style="text-align: right;">AFP2.14</p>	<p>There is a documented process whereby service or process improvement suggestions from individuals are routed in a timely manner to the appropriate part of the SA Provider.</p> <p>Stakeholder input used to improve policy, printed materials, and operations.</p>		<ul style="list-style-type: none"> <li>• Policies and procedures/protocols for handling suggestions from individuals</li> <li>• Documented evidence that stakeholder input has been considered/incorporated</li> </ul>
<p>5. Standards</p> <p style="text-align: right;">MDCH PIHP AFP 6.3</p>	<p>Customer services performance standards of effectiveness and efficiency are documented and periodic reports of performance are monitored.</p>		<ul style="list-style-type: none"> <li>• Customer service performance standards</li> <li>• Monitoring results</li> </ul>
<p>6. Cultural Sensitivity and Reasonable Accommodations</p> <p style="text-align: right;">MDCH PIHP AFP 6.3</p>	<p>Customer services are managed in a way that addresses the need for cultural sensitivity and reasonable accommodations for persons with physical disabilities, hearing and/or vision impairment, limited-English proficiency, and alternative communication.</p>		<ul style="list-style-type: none"> <li>• Customer service policies and procedure</li> </ul> <p>Cultural competency plan</p>
<p>7. Relationship to Grievances and Appeals</p> <p style="text-align: right;">MDCH PIHP AFP 6.3</p>	<p>The relationship of customer services to required grievance and appeals and recipient rights processes is clearly defined organizationally and managerially in a way that ensures effective coordination of the functions, and avoids conflict of interest or purposes within these functions.</p>		<ul style="list-style-type: none"> <li>• Customer services policies and procedures</li> <li>• Functional organizational chart</li> </ul>
<p>8. Office of Recipient Rights</p> <p style="text-align: right;">PIHP Contract 6.3.2</p>	<p>The SA Provider must maintain an Office of Recipient Rights.</p>		<p>Functional organizational chart demonstrating staffing of Office of Recipient Rights</p>

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<b>Standard V: Consumer Grievance Process</b>			
1. General Requirement  42 CFR 438.402	SA Provider must have a grievance process in place for individuals.		<ul style="list-style-type: none"> <li>Grievance policies and procedures</li> </ul>
2. Information to Consumers  42 CFR 438(g)(1) PIHP Contract 6.3.3	SA Providers must provide individuals with information about grievances, procedures, and timeframes that must include: <ul style="list-style-type: none"> <li>The right to file grievances;(clinicians must address this with each client)</li> <li>The requirements and timeframes for filing a grievance;</li> <li>The availability of assistance in the filing process; and</li> <li>The toll-free numbers that individual can use to file a grievance by phone.</li> </ul>		<ul style="list-style-type: none"> <li>Grievance policies and procedures</li> <li>Consumer handbook</li> <li>Consumer information materials</li> </ul>
3. Method for Filing  42 CFR 438.402(b)(3)(1)	Grievance procedures allow the individual to file a grievance either orally or in writing.		Grievance policies and procedures
4. Providing Assistance  42 CFR 438.406(a)(7)	In handling grievances, the SA Provider must give individuals reasonable assistance in completing forms and taking other procedural steps. This includes, but is not limited to, providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.		<ul style="list-style-type: none"> <li>Grievance policies and procedures</li> <li>Customer service policies and procedures</li> <li>Office of Recipient Rights policies and procedures</li> </ul>
5. Process for Handling Grievances	Customer Services or the RR Office shall:		
	A. Log the receipt of the verbal or written grievance for reporting to NorthCare.		<ul style="list-style-type: none"> <li>Logs of grievances received</li> <li>Reports of grievances to the QI Program</li> </ul>

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<p>MDCH Appeal and Grievance Resolution Processes Technical Requirement (August 2003)</p> <p>42 CFR 438.406(a)(3)(i) and (ii) 42 CFR 438.408(a) 42 CFR 438.408(d)(1)</p>	<p>B. Determine whether the grievance is more appropriately a recipient rights complaint, and if so, refer the grievance, with the beneficiary's permission, to the RR Office.</p>		<ul style="list-style-type: none"> <li>Grievance policies and procedures</li> <li>Logs of referrals to Office of Recipient Rights</li> </ul>
	<p>C. Acknowledge to the beneficiary the receipt of the grievance.</p>		<ul style="list-style-type: none"> <li>Evidence of acknowledgement</li> <li>Grievance files</li> </ul>
	<p>D. Submit the written grievance to appropriate staff, who has the authority to require corrective action and none of whom shall have been involved in the initial determination.</p> <p>For grievances regarding denial of expedited resolution of an appeal and for a grievance that involves clinical issues, the grievance is reviewed by health care professionals who have the appropriate clinical expertise in treating the enrollee's condition or disease.</p>		<ul style="list-style-type: none"> <li>Customer service policies and procedures</li> <li>Grievance and appeal policies and procedures</li> <li>Grievance files</li> </ul>
	<p>E. Facilitate resolution of the grievance as expeditiously as the individual's health condition requires, but no later than 60 calendar days of receipt of the grievance.</p>		<ul style="list-style-type: none"> <li>Grievance logs with dates of receipt and resolution</li> <li>Grievance files</li> </ul>
<p>6. Recordkeeping</p> <p>42 CFR 438.416 PIHP Contract 6.3.2</p>	<p>The SA Provider must maintain records of grievances.</p>		<ul style="list-style-type: none"> <li>Grievance files</li> </ul>

**Standard VI: Recipient Rights and Protections**

<p>1. Written Policies</p> <p>42 CFR 438.100 (a)(1)</p>	<p>SA Provider has written policies regarding enrollee rights.</p>		<ul style="list-style-type: none"> <li>Enrollee rights policies and procedures</li> </ul>
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42 CFR 438.100(a)(2)	SA Provider has processes to ensure that its staff take those (enrollee) rights into account when furnishing services to members.		<ul style="list-style-type: none"> <li>• Enrollee rights policies and procedures</li> <li>• Provider manual</li> <li>• Quality assessment and performance improvement process</li> </ul>
2. Information Requirements – Manner and Format 42 CFR 438.100(b)(2)	An enrollee has the right to receive information in accordance with the following:		
42 CFR 438.10 (b) PIHP Contract 6.33	SA Provider ensures that enrollees have the right to receive informational materials and instructional materials relating to them in a manner and format that may be easily understood.		<ul style="list-style-type: none"> <li>• Evidence of assessment of readability level of informational materials</li> </ul>
3. General Information for All Enrollees 42 CFR 438.10(f)(3)	Information must be made available to enrollees seeking outpatient Substance abuse within a reasonable time after CMHSP/CA enrollment, including:		<ul style="list-style-type: none"> <li>• Policy on timeframe for initial provision of member information</li> <li>• Evidence of timely provision of information</li> </ul>
42 CFR 438.10(f)(6)(1) PIHP Contract 6.3.3	A. Names, locations, and telephone numbers of, and non-English languages spoken by, current contracted providers in the enrollee's service area (e.g. case manager, psychiatrist, primary therapist, etc.) and identification of providers that are not accepting new patients.		<ul style="list-style-type: none"> <li>• Member informational materials</li> <li>• Policy/Procedure</li> <li>• Handbooks/admit packets</li> </ul>

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42 CFR 438.10(f)(6)(ii) PIHP Contract 6.3.3	B. Any restrictions on the enrollee’s freedom of choice among network providers.		<ul style="list-style-type: none"> <li>• Member informational materials</li> <li>• Access Policy</li> </ul>
42 CFR 438(g)(1) PIHP Contract 6.3.3	C. Grievance, appeal, and fair hearing procedures and timeframes that must include: <ul style="list-style-type: none"> <li>• The right to a state fair hearing;</li> <li>• The method for obtaining a hearing;</li> <li>• The rules that govern representation at the hearing;</li> <li>• The right to file grievances and appeals;</li> <li>• The requirements and timeframes for filing a grievance or appeal;</li> <li>• The availability of assistance in the filing process;</li> <li>• The toll-free numbers that the enrollee can use to file a grievance or an appeal by phone;</li> <li>• The fact that when requested by the enrollee, benefits will continue if the enrollee files an appeal or a request for State fair hearing within the timeframes specified and that the enrollee may be required to pay the cost of services furnished while the appeal is pending, if the final decision is adverse to the enrollee; and</li> <li>• Any appeal rights that the State chooses to make available to providers to challenge the failure to cover a service.</li> </ul>		<ul style="list-style-type: none"> <li>• Member informational materials</li> </ul>
42 CFR 438.10(f)(6)(iii) PIHP Contract 6.3.3	D. The amount, duration, and scope of benefits available under the contract in sufficient detail to ensure that individuals understand the benefits to which they are entitled.		<ul style="list-style-type: none"> <li>• Member informational materials</li> </ul>
42 CFR 438.10(f)(6)(vi) PIHP Contract 6.3.2	E. Procedures for obtaining benefits, including authorization requirements.		<ul style="list-style-type: none"> <li>• Member informational materials</li> </ul>

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42 CFR 438.10(f)(6)(vii) PIHP Contract 6.3.2	F. The extent to which, and how, individuals may obtain benefits from out-of-network providers.		<ul style="list-style-type: none"> <li>Member informational materials</li> </ul>
42 CFR 438.10(f)(6)(viii) PIHP Contract 6.3.2	G. The extent to which, and how, after-hours and emergency coverage is provided, including: <ul style="list-style-type: none"> <li>What constitutes emergency medical condition, emergency services, and post-stabilization services;</li> <li>The fact that prior authorization is not required for emergency services;</li> <li>The process and procedures for obtaining emergency services, including use of the 911 telephone system or its local equivalent;</li> <li>The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services and post-stabilization services covered under the contract; and</li> <li>The fact that, subject to these provisions, the enrollee has the right to use any hospital or other setting for emergency care.</li> <li>Supply after hours telephone message</li> </ul>		<ul style="list-style-type: none"> <li>Member informational materials</li> </ul>
4.Right to Be Treated with Dignity and Respect 42 CFR 438.100(b)(1)(2)(ii)	SA Provider rights policies and member materials include the enrollee's right to be treated with respect and with due consideration for his or her dignity and privacy.		<ul style="list-style-type: none"> <li>Policy and procedure on member rights</li> <li>Member informational materials</li> </ul>
5.Right to Participate 42 CFR 438,100(b)(2)(iv)	The SA Provider policies provide the enrollee the right to participate in decisions regarding his or her health care, including the right to refuse treatment.		<ul style="list-style-type: none"> <li>Policies on member participation in health care decisions</li> <li>Member handbook</li> <li>Member informational materials</li> </ul>
6.Recipient Rights Poster	Recipient Rights poster must be readily visible –ph# and rights advisor		<ul style="list-style-type: none"> <li>Poster on display</li> </ul>

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<b>Standard VII: Health and Safety</b>			
1. Infection Control Practices  MDCH Protocol D.6.3.4	Ensure TB screens are conducted according to CMHSP/CA policy.		<ul style="list-style-type: none"> <li>• Policy review</li> <li>• HR/personnel record review</li> </ul>
	Policy/procedure in place for educating consumers/Provider employees regarding HIV/AIDS		<ul style="list-style-type: none"> <li>• Policy review</li> </ul>
	SA Providers meet Level 1 and Level 2 for staff Communicable Disease Training as stated in Provider Manual		<ul style="list-style-type: none"> <li>• Policy review</li> <li>• HR/personnel record</li> </ul>

<b>Standard VIII: Compliance or Regulatory Management</b>			
1. Compliance Plan <b><i>Local functions of regulatory management/compliance are required for organizations that pay out or received at least \$5 million in Medicaid</i></b>  AFP 4.0	Written Compliance Plan that adequately covers: A. process for educating staff re: compliance B. process for identifying non-compliance C. process for addressing non-compliance		<ul style="list-style-type: none"> <li>• Compliance Plan</li> <li>• Policy</li> <li>• CARF review</li> </ul>
AFP 4.1	The organization has appointed a compliance officer.		<ul style="list-style-type: none"> <li>• Job description</li> <li>• Organizational Chart</li> <li>• Postings</li> <li>• Appointment letter</li> </ul>
AFP 4.2	The organization has an identified process to identify high-risk areas.		<ul style="list-style-type: none"> <li>• Policy/procedure</li> <li>• Plan</li> </ul>

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<p>2. HIPAA Security</p> <p>45 CFR Parts 160, 162, 164 AFP 4.5</p>	<ol style="list-style-type: none"> <li>1. Appointment of Security Officer</li> <li>2. Written risk assessment</li> <li>3. Implemented safeguards Implemented training program</li> <li>4. The organization has a plan to address HIPAA Security standards.</li> </ol>		<ul style="list-style-type: none"> <li>• Review of Framework                             <ul style="list-style-type: none"> <li>➢ Assets</li> <li>➢ Threats/Vulnerabilities</li> <li>➢ Probability/Impact</li> <li>➢ Safeguards</li> <li>➢ Survey results</li> </ul> </li> <li>• Security Officer Job Description</li> <li>• Related policies &amp; procedures</li> <li>• Training logs &amp; materials</li> <li>• Meeting minutes</li> </ul>
<p>3. HIPAA Privacy</p> <p>45 CFR Parts 160 and 164</p>	<p>Safeguards are in place to ensure protection of protected health information in hard copy format:</p> <ul style="list-style-type: none"> <li>• Procedures for tracking medical records (checking in and out, assuring all are returned at end of day, etc.)</li> <li>• Procedures for tracking disclosures (who is responsible to check for authorization and sending out, etc.)</li> <li>• Procedures for misplaced charts</li> <li>• Procedures for access and protection of the medical records area.</li> </ul> <p>Safeguards are in place to ensure protection of protected health information in electronic format:</p> <ul style="list-style-type: none"> <li>• Procedures for protection of electronic PHI in mail</li> <li>• Procedures for protection of electronic PHI in fax</li> <li>• Procedures for access to electronic PHI</li> </ul>		<ul style="list-style-type: none"> <li>• Policy and procedures</li> <li>• Staff interviews</li> <li>• Walk through of medical records area</li> </ul>

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<b>Standard IX: Finance and Billing</b>			
AFP 3.11.13	Coordination of benefits/continuity of care (non-covered services, spend downs, irregular Medicaid eligibility) Medicaid verification required		<ul style="list-style-type: none"> <li>• How does SA Provider track spend down consumers</li> </ul>
<b>Standard XIII: Mandated Admission to Treatment and State required Data Information</b>	Consumers must be granted admission to substance abuse treatment according to Mandated Admission Criteria.		<ul style="list-style-type: none"> <li>• Review related policy</li> <li>• <b>This is included in provider contract with CA for ALL SA providers</b></li> </ul>
<b>Standard X: Accreditation body</b>	Current accreditation Results of last review		<ul style="list-style-type: none"> <li>• Review most recent accreditation review</li> </ul>
<b>Standard XI: Fidelity Bonding</b>	Fidelity bonding must be in place		<ul style="list-style-type: none"> <li>• Documentation</li> </ul>