



## Section XII: Children’s Special Health Care Services (CSHCS)

### MPR I

The local health department (LHD) Children’s Special Health Care Services (CSHCS) program shall assure that adequate, trained personnel are available to provide outreach, enrollment and support services for children and youth with special health care needs (CYSHCN) and their families.

**Reference:** CSHCS Guidance Manual for Local Health Departments, Standard of Practice.

#### **Indicator I.1**

LHD CSHCS shall maintain a staffing configuration that includes a Registered Nurse and a program representative to provide program services to CSHCS client caseload and meet program requirements. When changes occur, the LHD shall submit a CSHCS staff roster to the Michigan Department of Health & Human Services (MDHHS) CSHCS program and shall notify the MDHHS within 30 days when changes to the roster occur.

#### **This indicator may be met by:**

There shall be evidence that the staffing is adequate to provide the required program services to the community and caseload. The table below provides recommended staffing levels based on caseload. It is incumbent on each LHD to determine the appropriate staffing levels/configuration to meet the needs of the community and of the CSHCS enrolled caseload.

Caseload Ranges	Recommended Registered Nurse FTE	Recommended Program Representative FTE
<150	.25	.25
150-400	.50	.25-.50
401-600	1.0	.50
601-800	1.0-1.5	1.0
801-1,300	2.0	1.0-1.5
1,301-2,000	2.0-2.5	1.5-2.0
2,001-2,800	3.0	2.0
2,801-3,300	5.0	5.0
>3,300	6.0	6.0

There shall be evidence of a current, accurate staff roster. If changes have been made to the staffing, documentation exists showing that the revised roster was sent to MDHHS within the 30 day time frame.

#### **Documentation Required:**

##### **All below are required.**

- Roster indicating the LHD CSHCS staffing configuration. The roster should match the reported and observable staffing. *Materials should be submitted in advance of the review.*
- On-site interview describing how the LHD CSHCS staffing configuration adequately meets the needs of the community (outreach/case-finding) and of the CSHCS enrolled caseload.

##### **If changes to the staffing roster occur the following are also required:**

- Dated correspondence (electronic or written) that the staff roster was submitted to MDHHS initially and within required time frame following changes to staffing. *Materials should be submitted in advance of the review.*
- Personnel records indicating when staffing changes occurred as compared to submission of roster to MDHHS.

For technical assistance, please contact Courtney Pendleton (pendletonc@michigan.gov) at 517-241-7189 or Matt Richardson (RichardsonM@michigan.gov) at 517-335-8994



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### **Evaluation Questions:**

- Does the LHD staffing configuration allow the LHD to provide quality, CSHCS-required services?
- Is the LHD CSHCS Program maintaining an accurate CSHCS staff roster and communicating changes in staffing to MDHHS in a timely manner?

### **Indicator 1.2**

New LHD CSHCS employees shall take required courses, as listed in the Guidance Manual, within 90 days of employment. All LHD CSHCS staff shall take these courses within 90 days of notification that the training courses have been updated. At least one person from each health department’s CSHCS program shall participate in CSHCS state-office regional meetings.

### **This indicator may be met by:**

There shall be evidence that exists of timely staff training using required courses within the specified timeframes.

There shall be evidence of routine staff training/updating through participation in the CSHCS sponsored regional LHD meetings by at least one person from each health department.

### **Documentation Required:**

**All below are required.**

- Written policy and procedure delineating staff training of new and on-going employees.
- Printed certificate of completed required training courses including name and date. *Materials should be submitted in advance of the review.*
- Dated notation in the employee’s personnel record by the supervisor that the other required courses have been taken when no printable certificate available for the training exists. *Materials should be submitted in advance of the review.*
- Staff roster with county assignment as compared to the CSHCS regional meeting sign-in sheet showing registrants and attendees (signature of attendees). If attendee neglected to sign in, other evidence of attendance as possessed by attendee/LHD.

### **Evaluation Questions:**

- Are LHD CSHCS program staff oriented timely and then updated as needed to the CSHCS program through use of required courses, as listed in the Guidance Manual?
- Did at least one CSHCS staff person from each health department attend MDHHS sponsored CSHCS regional meetings?



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### MPR 2

In accordance with the security and privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA), the local health department CSHCS program shall manage CSHCS client protected health information (PHI) in a secure and private manner that results in coordinated care.

*Reference: HIPAA, CSHCS Guidance Manual for Local Health Departments, Standard of Practice.*

#### **Indicator 2.1**

The LHD CSHCS program staff shall routinely use the CSHCS On-Line database to securely manage CSHCS client PHI and effectively and efficiently coordinate care.

#### **This indicator may be met by:**

There shall be evidence of proficient and regular use of the CSHCS On-Line database by all LHD CSHCS program staff to successfully carry out local CSHCS functions.

#### **Documentation Required:**

##### **All below are required.**

- Written policy and procedure delineating use of the CSHCS On-Line database to carry out daily functions.
- During onsite reviews LHD staff will be asked to demonstrate proficiency with the database by showing reviewers how to find one or more of the following pieces of information using the CSHCS On-Line database:
  - Client look-up
  - Medical report received date
  - Medical report approved date
  - Listing of approved providers
  - Renewal information
  - Where to find MDHHS/CSHCS notes
  - Client eligibility begin/end dates
  - How to print county-specific reports

#### **Evaluation Questions:**

- Are the LHD staff using the CSHCS On-Line database regularly and accurately to efficiently, effectively and securely obtain the information necessary to carry-out their daily functions such as communicating with CSHCS-enrolled clients and/or their families and coordinating CSHCS client care?
- Are policy and procedures in place that include use of the CSHCS On-Line database?



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### **Indicator 2.2**

The LHD CSHCS program staff shall use the secure electronic method of communication for sharing of PHI designated by CSHCS (e.g. EZ-Link).

#### **This indicator may be met by:**

There shall be evidence of proficient and regular use of the designated electronic system for sharing PHI, by the appropriate LHD CSHCS program staff to successfully carry out CSHCS functions.

#### **Documentation Required:**

All below are required.

- Written policy and procedure delineating use of the designated electronic data system for secure sharing of CSHCS PHI to carry out daily functions.
- Evidence of use of this data system (system “footprints” of use).

#### **Evaluation Questions:**

- Are the LHD staff regularly and accurately using the designated electronic system for sharing PHI to efficiently, effectively and securely share the information necessary to carry-out their daily functions including communicating with MDHHS and coordinating CSHCS client care?
- Are policy and procedures in place that includes use of the designated electronic data system for sharing PHI?

### **Indicator 2.3**

LHD CSHCS shall have a shared, comprehensive client record for CSHCS enrollees that reflects communication among the staff and includes dates and staff identifier.

#### **This indicator may be met by:**

There shall be evidence that the LHD maintains comprehensive client record on all CSHCS enrollees that all local CSHCS staff use to record contacts and document services provided.

#### **Documentation Required:**

All below are required.

- Physical evidence of comprehensive client records exists. **The previous three years’ activities in client charts should be submitted in advance of the review (individual clients will be specified by MDHHS).**
- Evidence that all CSHCS staff record contacts/CSHCS services in one client record including date of interaction and staff identifier.
- Evidence of referrals within the program (CSHCS program representative referring to CSHCS nurse and vice versa).



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### **Evaluation Questions:**

- Does the LHD CSHCS program maintain shared client records (all staff document in one, comprehensive client record)?
- Do the chart notations indicate communication among the CSHCS staff to ensure coordination of care for the CSHCS client?
- Do all client record notations include a date and staff identifier?

### **Indicator 2.4**

LHD CSHCS shall only access the minimum information necessary in the CSHCS On-Line database or other electronic data systems to complete tasks for CSHCS clients.

### **This indicator may be met by:**

There shall be evidence that LHD CSHCS staff implement the privacy provisions of HIPAA in carrying out their CSHCS tasks using the CSHCS electronic data systems and that staff receive the local health department’s policy and procedure regarding HIPAA compliance.

### **Documentation Required:**

#### **All below are required.**

- Evidence that HIPAA compliant LHD policy and procedures have been shared with LHD CSHCS staff.
- Written policy and procedure delineating HIPAA compliant use of the CSHCS On-Line database.
- The LHD maintains on file a copy of signed and dated HIPAA Agreement to Comply for each employee. **Materials should be submitted in advance of the review.**
- On-site interview of how LHD CSHCS staff uses the data systems in a HIPAA compliant manner.

### **Evaluation Questions:**

- Have the LHD CSHCS staff received the LHD policy and procedure regarding HIPAA compliance?
- Have the LHD CSHCS staff been informed of HIPAA rules regarding privacy and have they signed an agreement to comply with these rules?

### **Indicator 2.5**

LHD CSHCS shall offer families a private location for the exchange of confidential information.

### **This indicator may be met by:**

There shall be evidence that the LHD CSHCS program has a private location and it is offered to CSHCS families where they can privately exchange confidential information.



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### **Documentation Required:**

#### **All below are required.**

- Written policy and procedure delineating how families are offered a private location to share confidential information with the LHD CSHCS staff.
- Physical evidence of a private location.
- On-site interview of how/when LHD CSHCS staff offer CSHCS clients and/or families the opportunity to discuss confidential information in a private location.

### **Evaluation Question:**

Does the LHD CSHCS program have a private location for discussion of confidential information with CSHCS clients and/or families and is it routinely offered to them?



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### MPR 3

The local health department CSHCS program shall have family-centered policies, procedures and reporting in place.

**Reference:** *(CSHCS Guidance Manual for Local Health Departments, Michigan Department of Community Health Medicaid Provider Manual, Standard of Practice, Health Resources and Services Administration (HRSA)/Maternal and Child Health Bureau (MCHB), Sec. 501 of Title V of the Social Security Act, MCHB Performance Indicator).*

#### **Indicator 3.1**

LHD CSHCS shall regularly use the most current Children’s Special Health Care Services Guidance Manual for Local Health Departments (Guidance Manual) and the Medicaid Provider Manual to effectively and consistently carry out local program expectations, policies, and requirements.

#### **This indicator may be met by:**

There shall be evidence that the LHD CSHCS program staff routinely use the CSHCS Guidance Manual and Medicaid Provider Manual in carrying out local program expectations, policies, and requirements.

#### **Documentation Required:**

##### **All below are required.**

- Written policy and procedure delineating how the LHD uses the most current Guidance Manual and Medicaid Provider Manual.
- On site interview will include having all LHD CSHCS staff demonstrate their proficiency with the Guidance Manual and Medicaid Provider Manual by showing reviewer(s) how to find one or more pieces of information in the Guidance Manual and Medicaid Provider Manual as indicated by the reviewer(s).

#### **Evaluation Question:**

Has the local health department demonstrated compliance and competence in routinely using the current CSHCS Guidance Manual and Medicaid Provider Manual?

#### **Indicator 3.2**

LHD CSHCS shall have written policies and procedures in accordance with CSHCS published policy that are reviewed annually and updated as needed regarding local CSHCS program functions.

#### **This indicator may be met by:**

There shall be evidence of written policies and procedures (electronic or hard-copy) that stipulate local procedures in accordance with current CSHCS published policy. There shall be evidence that the written policies and procedures are reviewed annually and updated as necessary. See Addendum I for a complete list of policies.



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### **Documentation Required:**

All below are required.

- Written policies and procedures with dated notation of annual review and revisions as necessary. *Materials should be submitted in advance of the review.*

### **Evaluation Question:**

- Does the local health department have written policies and procedures of local functions that are reviewed annually and updated as necessary?

### **Indicator 3.3**

LHD CSHCS shall facilitate family input regarding the local CSHCS program at least annually.

### **This indicator may be met by:**

There shall be evidence of outreach for family involvement for input, feedback, and recommendations regarding possible improvements to the overall local CSHCS program.

### **Documentation Required:**

**(The first bullet is required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating how and when family input is obtained.

**Example of further documentation needed that meet the requirement, including but not limited to.**

- Copies of outreach to families e.g., family survey documents and results, satisfaction surveys, focus groups, meeting notes etc. *Materials should be submitted in advance of the review.*
- On-site interview that indicates how family input is obtained and the outcome of family input.

### **Evaluation Questions:**

- Has the local health department elicited input from local families regarding the operation of the CSHCS program at the local level and how it could be improved?
- How was the input utilized and/or incorporated to enhance the program?

### **Indicator 3.4**

LHD CSHCS shall inform families of their rights and responsibilities in the CSHCS program and must include at a minimum the information contained in the CSHCS model found in the Guidance Manual.

### **This indicator may be met by:**

There shall be evidence that families have been informed of their rights and responsibilities regarding the CSHCS program.





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### **Documentation Required:**

**(The first bullet is required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating the CSHCS rights and responsibilities and how clients/families are informed of their rights and responsibilities and when.

**Example of further documentation needed that meet the requirement, including but not limited to.**

- Dated client chart notation that rights and responsibilities were shared with the family and staff identifier.
- Copy of written document given to families.
- Evidence of it being posted.
- On-site interview that indicates how families are informed of their rights and responsibilities.

### **Evaluation Questions:**

- Does the LHD CSHCS program inform clients/families of their rights and responsibilities regarding the CSHCS program?
- Do the rights and responsibilities include the required minimum elements as found in the Guidance Manual?

### **Indicator 3.5**

The local health department CSHCS program shall meet the Comprehensive Planning, Budgeting, and Contracting agreement (CPBC) reporting requirements annually.

### **This indicator may be met by:**

There is evidence that the CSHCS LHD program submitted contract deliverables in accordance with the CPBC requirements for the previous three years .

### **Documentation Required:**

**All below are required.**

- Written policy and procedure delineating how the data, required for the CPBC agreement, is collected, compiled and submitted within the specified timeframe.
- MDHHS receipt of data report within the required timeframe and including the required elements.

### **Evaluation Question:**

Does the LHD CSHCS program submit the data report as required within the specified time?



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### MPR 4

The local health department CSHCS program shall collaborate with community partners and provide outreach, case-finding, program representation, and referral services to CYSHCN/families in a family-centered manner.

**Reference:** MCHB Performance Measures, Michigan Public Health Code, 333.5805 (1) a.

#### **Indicator 4.1**

LHD CSHCS shall routinely conduct outreach/case finding and program representation which includes, but is not limited to, the provision of information regarding CSHCS policy on diagnostic referrals, program eligibility, and covered services, to families, local hospitals, providers, the community and other agencies.

#### **This indicator may be met by:**

There shall be evidence of outreach, case-finding and program representation to families and community organizations.

#### **Documentation Required:**

**(The first two bullets are required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating how outreach to families and the community is conducted.
- Written policy and procedure delineating how outreach materials are disseminated to families and the community.

#### **Example of further documentation needed that meet the requirement, including but not limited to.**

- Agendas for meetings held with hospitals or other community agencies. *Materials should be submitted in advance of the review.*
- Sign-in sheets including title of meeting, location and date. *Materials should be submitted in advance of the review.*
- Copies of letter inviting/confirming attendance at community functions or meetings. *Materials should be submitted in advance of the review.*
- Log sheet summarizing outreach efforts. *Materials should be submitted in advance of the review.*
- On-site interview that indicates how outreach, case-finding and program representation to families and community organizations are accomplished. *Materials should be submitted in advance of the review.*

#### **Evaluation Question:**

Does the LHD CSHCS program provide the required outreach, case-finding and program representation to families and organizations/providers in the community?

#### **Indicator 4.2**

LHD CSHCS shall partner with and refer CYSHCN and CSHCS clients to other needed services/programs and/or assist in making applications for other programs in the community for which the child and/or family may be eligible.



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### **This indicator may be met by:**

There shall be evidence of referral procedures and practices for families of CYSHCN and those enrolled in the CSHCS program. The LHD CSHCS shall have evidence of partnering with and assisting families in applying for other programs for which they might be eligible such as Early On, WIC, MICHild, Healthy Kids, Medicaid, SSI and Medicare.

### **Documentation Required:**

**(The first bullet is required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating referral process including information about available community resources for LHD clients with special health needs but not enrolled in CSHCS.  
Written policy and procedure delineating how assistance is provided to families in applying for other programs.

**Example of further documentation needed that meet the requirement, including but not limited to.**

- Dated client chart notation in the comprehensive client chart and/or on the plan of care for clients enrolled in CSHCS including staff identifier.
- On-site interview that indicates when and how families of CYSHCN as well as of CSHCS are referred to other needed services/programs.
- Dated client chart notation documenting application assistance and staff identifier.
- Information regarding other program application assistance in the client’s Family Needs Summary Checklist.
- Information regarding other program application assistance in the individual plan of care.
- On-site interview that indicates how the LHD assists families in applying for other programs that the client/family may be eligible.

### **Evaluation Question:**

Does the LHD CSHCS program refer CSHCS clients as well as clients with special health needs who are not enrolled in CSHCS to other needed programs and services, and assist families in applying for other programs as applicable?

### **Indicator 4.3**

LHD CSHCS shall arrange diagnostic evaluations in accordance with CSHCS published policy and assist with Release of Information form(s) to secure medical reports for purposes of determining CSHCS medical eligibility.

### **This indicator may be met by:**

There shall be evidence of referral of clients/families for diagnostic evaluations following the required MDHHS procedure and assisting families in the process of getting appropriate medical records sent to CSHCS to determine CSHCS medical eligibility.

### **Documentation Required:**

**All below are required.**

- Written policy and procedure delineating how/when diagnostic evaluations are issued and documented.
- Electronic or hard copy of the CSHCS Diagnostic Form (MSA-0650(E)).
- Electronic or hard copy of the LHD Release of Information (or notation indicating date issued and to whom).



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### **Evaluation Question:**

Does the LHD CSHCS program arrange diagnostic evaluations following CSHCS published policy and assist with Release of Information forms on behalf of clients/families to determine CSHCS medical eligibility?

### **Indicator 4.4**

LHD CSHCS shall inform all families about the Family Center for Children and Youth with Special Health Care Needs (Family Center). All written documents sent to families from the LHD shall contain the Family Phone Line toll-free number and the CSHCS website ([www.michigan.gov/cshcs](http://www.michigan.gov/cshcs)).

### **This indicator may be met by:**

There shall be evidence of informing clients/families about the Family Center, to include the Family Phone Line when appropriate as well as inclusion of the required information on all family-focused materials and correspondence to families.

### **Documentation Required:**

**(The first two bullets are required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating how/when families are informed and/or referred to the Family Center, which includes referral to the Family Phone Line as appropriate.
- Family correspondence and public relations materials contain the Family Phone Line number and the CSHCS website. *Materials should be submitted in advance of the review.*

**Example of further documentation needed that meet the requirement, including but not limited to.**

- Dated client chart notation including staff identifier.
- Plan of care.
- Checklist.
- Annual update.
- Family correspondence.
- On-site interview that indicates when and how families receive information and referral to the Family Center.

### **Evaluation Questions:**

- Does the LHD CSHCS program inform all families about the Family Phone Line and Family Center as appropriate?
- Has the LHD CSHCS program included the Family Phone Line toll-free number and the CSHCS website on all written correspondence and documents developed for families?



## Section XII: Children’s Special Health Care Services (CSHCS)

### MPR 5

The local health department CSHCS program shall assist families in the CSHCS application and renewal process as well as the application processes for other relevant programs.

**Reference:** Michigan Public Health Code 333.5805, 333.5817, CSHCS Guidance Manual for Local Health Departments.

#### **Indicator 5.1**

LHD CSHCS shall assist any family who is referred to or who contacts the local health department with needs regarding completion of CSHCS application processes and/or forms.

#### **This indicator may be met by:**

There shall be evidence that the LHD CSHCS has assisted families who have been referred or who have contacted the LHD for help with the CSHCS application process and/or forms.

#### **Documentation Required:**

**(The first bullet is required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure which includes assisting families who are referred or who contact the LHD directly in the completion of the CSHCS application process and/or forms.

**Example of further documentation needed that meet the requirement, including but not limited to.**

- Dated client chart notation documenting assistance provided to the client/family in completing the application and/or forms and staff identifier.
- Check box on application indicating LHD assisted with the CSHCS application.
- On-site interview that indicates how the LHD works with families who are referred or who contact the LHD for help with the CSHCS application process and/or forms.

#### **Evaluation Question:**

Does the LHD CSHCS program assist clients/families who are referred or who contact the LHD with the CSHCS application process and/or other form completion as needed?

#### **Indicator 5.2**

LHD CSHCS shall locate individuals or families who do not return a CSHCS Application within 30 days after being invited to join CSHCS, to offer assistance with application completion.

#### **This indicator may be met by:**

The LHD CSHCS program shall have evidence of attempting to locate those who have not returned an application within 30 days of being invited to join CSHCS and of offering to assist with completing the application.



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### **Documentation Required:**

**(The first bullet is required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating the manner in which families who have not returned the CSHCS application within 30 days of invite, are located, how the ones who are located are contacted, the number of attempts to be made when contacting families, the process by which assistance is offered, and how these attempted contacts and successful contacts are to be documented.

**Examples of further documentation needed that meet the requirement, including but not limited to.**

- Use of Notice of Action Application Follow-Up Report and notations of follow-up activities indicating multiple attempts to contact.
- On-site interview that indicates how attempts are made to locate families who have not returned the CSHCS application and how assistance is offered.

### **Evaluation Questions:**

- Does the LHD CSHCS program adequately attempt to locate individuals or families who do not return a CSHCS Application within 30 days after being invited to join CSHCS?
- Does the LHD CSHCS program offer assistance with application completion to the families that have been located?

### **Indicator 5.3**

LHD CSHCS shall assist clients/families who have received a CSHCS 90-day temporary eligibility period (TEP).

### **This indicator may be met by:**

There is evidence that the LHD CSHCS program contacts families that have a TEP and offers/provides assistance during their 90 day TEP to avoid loss of CSHCS coverage.

### **Documentation Required:**

**(The first bullet is required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating how the LHD CSHCS program follows up with those with a TEP.

**Examples of further documentation needed that meet the requirement, including but not limited to.**

- Evidence the LHD is maintaining and using the MDHHS/CSHCS TEP letter and/or Client Eligibility Notice showing 90 day coverage to identify those who may need assistance.
- Dated client chart notation documenting contact with families that have TEP coverage within 30 days of receipt of MDHHS letter.
- Evidence of in-person or over-phone assistance provided to the family to complete the requirement that will extend the CSHCS coverage beyond 90 days.
- On-site interview that indicates how the LHD contacts families who have received a TEP and offers/provides assistance to avoid the loss of CSHCS coverage.

### **Evaluation Question:**

Does the LHD appropriately assist families in completing the TEP process prior to the 90 day deadline?

For technical assistance, please contact Courtney Pendleton (pendletonc@michigan.gov) at 517-241-7189 or Matt Richardson (RichardsonM@michigan.gov) at 517-335-8994



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### MPR 6

The local health department CSHCS program shall provide information and support services to CSHCS enrollees and their families.

**Reference:** HRSA/MCHB Sec. 501 of Title V of the Social Security Act, MCHB Performance Indicators. Michigan Public Health Code 333.5805.

#### **Indicator 6.1**

LHD CSHCS shall initiate contact to inform CSHCS clients/families of applicable CSHCS and related benefits upon enrollment and as needed according to individual circumstances. Following initial enrollment, CSHCS enrolled families shall be contacted at least annually to provide updated information about the CSHCS program, benefits, and assess family needs and update client information.

#### **This indicator may be met by:**

There shall be evidence that, at enrollment, the LHD initiates a contact with CSHCS clients/families and informs them about CSHCS and the CSHCS benefits that are applicable to their circumstances at that time as well as other benefits that might address their needs. There shall also be evidence that the LHD contacts enrolled clients/families at least annually to provide updated information about the CSHCS program, benefits, assess family needs and update client information.

#### **Documentation Required:**

**(The first four bullets are required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating the process for the contact at initial enrollment (who, what and when) including but not limited to general CSHCS program information and a description of CSHCS benefits applicable to the current client/family circumstances, as well as other related programs/benefits.
- Written policy and procedure delineating the process for annual contact (who, what and when), which includes at a minimum, updated information about the CSHCS program, benefits, assessment of client/ family needs and collection of updated client/family information.
- Dated client chart notation or other documentation including staff identifier that the client/family has been informed of the various applicable CSHCS benefits initially and during the annual contact at a minimum.
- Dated client chart notation or other documentation including a staff identifier that the client/family has been contacted at least annually.

**Examples of further documentation needed that meet the requirement, including but not limited to.**

- Dated plan of care documenting notification with staff identifier to client/family regarding program benefits and updated information received at least annually.
- Dated “Notice of Action” or other documentation to MDHHS/CSHCS to share updated client/family information as needed.
- On-site interview that indicates how the LHD makes the initial contact and the annual contact with families and how they inform of the required information.

#### **Evaluation Questions:**

- Has the LHD initiated contact with new clients/families?
- Has the LHD made contact with families on an annual basis at a minimum to share updated program information, assess client/family need and obtain updated client information?

For technical assistance, please contact Courtney Pendleton (pendletonc@michigan.gov) at 517-241-7189 or Matt Richardson (RichardsonM@michigan.gov) at 517-335-8994



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### **Indicator 6.2**

LHD CSHCS shall assist the CSHCS enrolled client/family with needs related to CSHCS care and services as appropriate, including, but not limited to: billing problems, hospice, insurance issues, premium assistance, application to the CSN fund, applications for home care and/or respite services, TEFRA, and others.

#### **This indicator may be met by:**

There shall be evidence that the LHD CSHCS assists enrolled clients/families with their needs related to care and services.

#### **Documentation Required:**

**(The first two bullets are required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating how assistance is provided to enrolled clients/families addressing their care and service needs.
- Dated client chart notation documenting the client/family has been assisted with their needs related to care and services and staff identifier.

#### **Examples of further documentation needed that meet the requirement, including but not limited to.**

- Dated notation in client’s plan of care documenting the assistance the client/family has identified as needing with their care and services.
- Dated Notice of Action to MDHHS/CSHCS requesting action that addresses the client’s/family’s needs related to care and services.
- Dated care coordination billing specific to assisting a client/family with their needs related to care and services.
- On-site interview that indicates how the LHD assists enrolled clients/families with their needs related to care and services.

#### **Evaluation Question:**

Does the LHD CSHCS program assist clients and families in regard to their care and service needs?

### **Indicator 6.3**

LHD CSHCS program shall facilitate transition for CSHCS enrolled youth, young adults, and their families. When already in contact with CSHCS enrolled youth/families at earlier periods, the LHD CSHCS program shall begin the transition process as appropriate.

#### **This indicator may be met by:**

There shall be evidence that the LHD facilitates transition of youth and young adults to aspects of adult life, including adult health care, work, and independence following the CSHCS guidelines. There shall be evidence that transition processes were begun prior to age 18 if the LHD was already in contact with the family.





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### **Documentation Required:**

**(The first two bullets are required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating how assistance is provided to clients who are nearing identified transition ages.
- Dated client chart notation documenting the client has received assistance in preparing to transition into adulthood and staff identifier.

**Examples of further documentation needed that meet the requirement, including but not limited to.**

- Dated notation in client’s plan of care regarding the identified needs of the client/family with transition toward adulthood.
- Dated Notice of Action to MDHHS/CSHCS requesting action that addresses the client’s/family’s needs related to transition to adulthood
- Dated care coordination billing specific to assisting a client/family with transition to adulthood.
- On-site interview that indicates how the LHD assists in the transition of youth and young adults and of youth/family for those under age 18 that the LHD is already in contact at the appropriate times.

### **Evaluation Questions:**

- Does the LHD assist with the transition of clients from youth and young adults toward adulthood?
- Does the LHD CSHCS program assist with transition at transition periods earlier than age 18 when already in contact with the family?

### **Indicator 6.4**

LHD CSHCS shall assist and authorize in-state travel and assist with obtaining authorization for out-of-state travel for CSHCS enrolled families as needed following CSHCS policies and procedures.

### **This indicator may be met by:**

There shall be evidence that the LHD CSHCS is assisting and authorizing in-state travel and assisting with obtaining authorization for out-of-state travel following CSHCS published policy for CSHCS enrolled client/families as needed and guidance in the Guidance Manual.

### **Documentation Required:**

**(The first five bullets are required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating how ride assistance is provided to clients/families in need of in-state transportation.
- Written policy and procedure delineating how to authorize in-state transportation reimbursement for clients/families in accordance with CSHCS published policy and Guidance Manual.
- Dated client chart notation documenting the client has received in-state transportation assistance and staff identifier.
- Written policy and procedure delineating how assistance is provided to clients/families in need of out-of-state transportation.
- Dated client chart notation documenting the client has out-of-state transportation assistance and staff identifier.

For technical assistance, please contact Courtney Pendleton (pendletonc@michigan.gov) at 517-241-7189 or Matt Richardson (RichardsonM@michigan.gov) at 517-335-8994



## Section XII: Children’s Special Health Care Services (CSHCS)

**Examples of further documentation needed that meet the requirement, including but not limited to.**

- Dated notation in client’s plan of care regarding in-state transportation assistance needs.
- Dated/signed CSHCS Transportation form (Form #MSA-0636) for specific clients.
- Dated and signed notation in client’s plan of care regarding out-of-state transportation needs/assistance.

### **Evaluation Question:**

Does the LHD assist with and provide authorization for in-state transportation services for clients/families following CSHCS policies and procedures?

### **Indicator 6.5**

LHD CSHCS shall assist with funded out-of-state care for CSHCS-enrolled families as needed.

### **This indicator may be met by:**

There shall be evidence that the LHD CSHCS is assisting clients/families as needed with out-of-state care.

### **Documentation Required:**

**(The first two bullets are required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating how assistance is provided to clients/families in need of out-of-state care.
- Dated client chart notation documenting the client has received out-of-state care and staff identifier.

**Examples of further documentation needed that meet the requirement, including but not limited to.**

- Dated and signed notation in client’s plan of care regarding out-of-state care needs/assistance.

### **Evaluation Question:**

Does the LHD assist with out-of-state care for clients/families as needed?

### **Indicator 6.6**

The LHD CSHCS program shall provide Level I and Level II care coordination and make case management available to CSHCS families as needed, according to current CSHCS policies and procedures.

### **This indicator may be met by:**

There shall be evidence that the LHD CSHCS program is providing Level I and Level II care coordination services and making case management services available to clients/families as needed in accordance with current CSHCS policies and procedures.



## **Section XII: Children’s Special Health Care Services (CSHCS)**

### **Documentation Required:**

- Written policy and procedure delineating how Level I and Level II care coordination services are provided to clients/families when needed.
- Written policy and procedure delineating how case management services are made available to clients/families when needed.
- Dated client chart notation documenting the client has received Level I or Level II care coordination services or case management services and staff identifier.
- Dated notation in client’s plan of care indicating the client has received Level I or Level II care coordination services or case management and staff identifier.
- Dated, client-specific care coordination billing indicating Level I and/or Level II care coordination.
- Dated, client-specific case management billing.

### **Evaluation Questions:**

- Does the LHD provide Level I and Level II care coordination to clients/families when needed following CSHCS policy and procedures?
- Does the LHD make case management available to clients/families appropriately?



## Section XII: Children’s Special Health Care Services (CSHCS)

### Addendum I:

The following list is the complete minimum list of policies that CSHCS reviewers will examine through review of the above MPRs and Indicators. Additional policies and documentation will also be reviewed as relevant.

1. Staff training of new and on-going employees. (Indicator 1.2)
2. Use of the CSHCS On-Line data-base to securely manage CSHCS PHI and effectively and efficiently coordinate care. (Indicator 2.1)
3. Use of the designated electronic data system for secure sharing of CSHCS PHI to carry out daily functions. (Indicator 2.2)
4. HIPAA compliant use of the CSHCS On-Line database. (Indicator 2.4)
5. Families are offered a private location for exchange of confidential information with the LHD CSHCS staff. (Indicator 2.5)
6. The LHD CSHCS staff use the most current Guidance Manual and Medicaid Provider Manual. (Indicator 3.1)
7. Family input is obtained. (Indicator 3.3)
8. CSHCS rights and responsibilities and how clients/families are informed of their rights and responsibilities and when. (Indicator 3.4)
9. Data for required reporting is collected, compiled, and submitted. (Indicator 3.5)
10. Outreach to families and the community is conducted. (Indicator 4.1)
11. Outreach materials are disseminated to families and the community. (Indicator 4.1)
12. Referral process including information about available community resources for LHD clients with special health care needs but not enrolled in CSHCS. (Indicator 4.2)
13. Assistance is provided to families in applying for other programs. (Indicator 4.2)
14. Diagnostic evaluations are issued and documented. (Indicator 4.3)
15. Families are informed and/or referred to the Family Center, Family Phone Line and Family Support Network as appropriate. (Indicator 4.4)
16. Assistance is provided to families who are referred or who contact the LHD directly in completion of the CSHCS application process and/or forms. (Indicator 5.1)
17. The manner in which families who have not returned the CSHCS application within 30 days of invitation are located, how the ones who are located are contacted, the number of attempts made when contacting families, the process by which assistance is offered and how these attempted and successful contacts are documented. (Indicator 5.2)
18. The LHD CSHCS program follows up with those with a temporary eligibility period (TEP). (Indicator 5.3)
19. The process for the contact at initial enrollment (who, what and when) including but not limited to general CSHCS program information and a description of CSHCS benefits applicable to the current client/family circumstances, as well as other related programs/benefits. (Indicator 6.1)
20. The process for annual contact (who, what and when) which includes at a minimum, updated information about the CSHCS program, benefits, assessment of client/family needs and collection of updated client/family information. (Indicator 6.1)
21. Assistance is provided to enrolled clients/families addressing their care and services needs. (Indicator 6.2)
22. Assistance is provided to clients who are nearing identified transition ages. (Indicator 6.3)
23. Assistance is provided to clients/families in need of in-state and out-of-state transportation. (Indicator 6.4)
24. Assistance is provided to clients/families in need of out-of-state care. (Indicator 6.5)
25. Level I and Level II care coordination services are provided to clients/families when needed. (Indicator 6.6)
26. Case management services are made available to clients/families when needed. (Indicator 6.6)