

MSHN Monitoring of CMHSPs – Program Specific Standards	
CMHSP NAME: Choose an item.	DATE OF REVIEW: Click or tap to enter a date.
NAMES OF REVIEWERS:	DATE REPORT SUBMITTED TO CMHSP: Click or tap to enter a date.
	DATE CAP RECEIVED, if applicable: Click or tap to enter a date.
	DATE CAP APPROVED: Click or tap to enter a date.

#	STANDARD	Basis/Source	Evidence of Compliance could include:	Met Standard Yes/No	Evidence Found: Notes/Comments
3.1 C.3.1	<b>SELF-DETERMINATION</b> Adults with developmental disabilities and serious mental illness have opportunities to pursue arrangements that support self-determination in order to control and direct their specialty mental health services and support arrangements.	Medicaid Managed Specialty Services and Supports Contract, Attachment 3.4.4 Self-Determination Practice Guideline (SD P&PG). Choice Voucher System Technical Advisory  SD P&PG, Purpose § I, Policy § I.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
3.2 C.3.2	Individuals receive information about self-determination and the manner in which it may be accessed and applied is provided to each consumer.	SD P&PG, Policy § I.C.	CMHSP brochures and educational materials; policies/procedures; etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
3.3 C.3.3	The individual budget and the arrangements that support self-determination are included as part of the person-centered planning process.	SD P&PG, Policy § II. A	Copy of SD Budget	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

#	STANDARD	Basis/Source	Evidence of Compliance could include:	Met Standard Yes/No	Evidence Found: Notes/Comments
3.4 C.3.4	Each individual participating in arrangements that support self-determination has a Self-Determination Agreement that complies with the requirements.	SD P&PG, Policy § II. E	Copy of Self Determination Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
3.5 C.3.5	Each CMHSP has a contract with at least one fiscal intermediary.	SD P&PG, Policy § IV. B	Copy of FI contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
3.6 C.3.6	Each CMHSP has procedures in place for assuring that fiscal intermediaries meet the minimum requirements	SD P&PG, Policy § IV.B, C, D &E; Medicaid Provider Manual, MH/SA, § 17.3. O.	Policies/Procedures for monitoring the FI; Copy of FI contract; Copy of FI annual review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
3.7 C.3.7	Individuals participating in self-determination shall have assistance to select, employ, and direct his/her support personnel, and to select and retain chosen qualified provider entities	SD P&PG, Policy § IV.	Review file for evidence of hiring own staff for providers or agency with choice model; educational materials/training materials provided; etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
3.10 C.3.8	The CMHSP has a process for handling both voluntary and involuntary termination of a Self-Determination Agreements.		Copy of Notice of Termination; CMHSP policies/procedures;	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

**Summary of Findings and Corrective Action - SD**

Strengths:

Findings:

Recommendations: