



# Network Services FY2011 Provider Manual Table of Contents

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Manual

Notes:

Licensed Residential	Enhanced Health Services	Inpatient	Crisis	Primary Providers (Supports Coordination, Case Management & Primary)	Substance Abuse	Community Living Supports/ Supported Independent Housing/ Respite Services	Skill Build/Supported Employment/Clubhouse	All Other Providers
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Page	TAB 1 INTRODUCTION TO SCCMHA											
A 9	Introduction to the SCCMHA Provider Manual	10/1/09	REVISED	X	X	X	X	X	X	X	X	X
B 12	SCCMHA Board of Directors	Jul-05	REVISED	X	X	X	X	X	X	X	X	X
C 13	SCCMHA Citizens Advisory Committee (CAC)	2008-2009	REVISED	X	X	X	X	X	X	X	X	X
D 14	SCCMHA Clinical Teams Contact List	5/27/09	REVISED	X	X	X	X	X	X	X	X	X
E 16	SCCMHA Fact Sheet	Jun-09	REVISED	X	X	X	X	X	X	X	X	X
F 17	SCCMHA Key Contact List	7/28/09	REVISED	X	X	X	X	X	X	X	X	X
G 18	SCCMHA Mission Statement/Vision Statement		UNCHANGED	X	X	X	X	X	X	X	X	X
H 19	SCCMHA Network Services and Public Policy Organizational Chart	4/14/09	REVISED	X	X	X	X	X	X	X	X	X
I 20	SCCMHA Organizational Chart	4/1/09	REVISED	X	X	X	X	X	X	X	X	X
J 21	SCCMHA Policy 00.01.02 - A History of CMH and the Genesis of SCCMHA	8/12/09	REVISED	X	X	X	X	X	X	X	X	X
Page	TAB 2 ELIGIBILITY & CARE MANAGEMENT											
A 34	SCCMHA Policy 03.01.01 - Eligibility Criteria	10/1/2008	UNCHANGED	X	X	X	X	X	X	X	X	X
B 42	SCCMHA Policy 05.04.01- Care Management Services	2/2/2009	REVISED	X	X	X	X	X	X	X	X	X
C 55	SCCMHA Policy 05.04.02- Member Enrollment, Quality Data and Case Service Status	6/30/2009	UNCHANGED					X	X			
D 65	SCCMHA Procedure 09.02.02.01- Coordination of Benefits	4/26/2007	REVISED			X		X	X			
E 68	SCCMHA Procedure 09.02.03.01- Ability to Pay Provider Procedure	6/25/2007	UNCHANGED			X		X	X			
F 70	SCCMHA Procedure 09.02.03.01.01- Ability to Pay Instructions for Completion of Form	6/25/2007	UNCHANGED			X		X	X			
G 76	SCCMHA Procedure 09.02.04.05- Capitated Fund Source Application Procedure	7/1/2005	UNCHANGED			X		X	X			
H 85	SCCMHA Procedure 09.02.04.06- Medicaid Deductible	8/22/2006	UNCHANGED	X		X		X	X			X
I 91	SCCMHA Procedure 09.03.01.01 - Care Management Request for Auth. Review	n/a	NEW	X	X	X	X	X	X	X	X	X
J 95	SCCMHA Procedure 09.03.01.05 - Grace Authorization Initiation	n/a	NEW	X	X	X	X	X	X	X	X	X
Page	TAB 3 SERVICES & PROTOCOLS											
A 99	MDCH Children's Diagnostic and Treatment Services Certification	6/19/1992	UNCHANGED					X	X	X		
B 123	MDCH Site Review Protocols- PIHP Site Review Report	5/11/2007	REVISED	X	X	X	X	X	X	X	X	X
C 168	Michigan Medicaid Provider Manual- Mental Health & Substance Abuse	4/1/2009	UNCHANGED	X	X	X	X	X	X	X	X	X
D 314	Reporting Requirements & Schedule - Primary Treatment Team Service Providers	7/1/2009	UNCHANGED					X	X			
Page	TAB 4 SERVICE DELIVERY											
A 316	SCCMHA Policy 02.01.10- Therapeutic Environment	6/22/2009	REVISED	X	X	X	X	X	X	X	X	X
B 319	SCCMHA Policy 02.02.27- The Reporting of a Consumer's Death	7/7/2009	UNCHANGED	X	X	X	X	X	X	X	X	X
C 328	SCCMHA Policy 02.03.01- Consumerism	5/6/2009	REVISED	X	X	X	X	X	X	X	X	X
D 333	SCCMHA Policy 02.03.02- Inclusion	5/6/2009	REVISED	X	X	X	X	X	X	X	X	X
E 337	SCCMHA Policy 02.03.03- Person Centered Planning	5/6/2009	REVISED	X	X	X	X	X	X	X	X	X
F 345	SCCMHA Policy 02.03.03 B- Family Centered Practice	5/6/2009	REVISED	X	X	X	X	X	X	X	X	X
G 349	SCCMHA Policy 02.03.04 - Self-Determination	5/11/2009	REVISED	X	X	X	X	X	X	X	X	X
H 359	SCCMHA Policy 02.03.05- Recovery	5/18/2009	UNCHANGED	X	X	X	X	X	X	X	X	X
I 362	SCCMHA Policy 02.03.06- Housing Best Practice	5/6/2009	REVISED	X	X	X	X	X	X	X	X	X
J 368	SCCMHA Policy 02.03.07-Employment of Consumers	5/29/2009	REVISED	X	X	X	X	X	X	X	X	X
K 376	SCCMHA Policy 02.03.08- Welcoming	5/18/2009	UNCHANGED	X	X	X	X	X	X	X	X	X
L 381	SCCMHA Policy 02.03.09- Evidence-Based Practices	5/18/2009	UNCHANGED	X	X	X	X	X	X	X	X	X
M 410	SCCMHA Policy 02.03.09.01- Co-Occurring Disorders/Integrated Dual Disorder Treatment	5/18/2009	REVISED	X	X	X	X	X	X	X	X	X
N 427	SCCMHA Policy 02.03.09.02- Assertive Community Treatment	5/18/2009	REVISED					X				
O 433	SCCMHA Policy 02.03.09.03- Supported Employment Services	5/18/2009	UNCHANGED					X			X	
P 445	SCCMHA Policy 02.03.09.04- Dialectical Behavioral Therapy	5/18/2009	REVISED					X				











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R	1431	SCCMHA Audit Checklist- Children's Case Management/ Outpatient	6/24/2009	REVISED					X				
S	1439	SCCMHA Audit Checklist- Clubhouse/ PSR	6/24/2009	REVISED								X	
T	1441	SCCMHA Audit Checklist- Community Living Supports, Corporate	6/24/2009	REVISED						X			
U	1445	SCCMHA Audit Checklist- Community Living Supports, Individual/Respite	6/24/2009	REVISED						X			
V	1449	SCCMHA Audit Checklist- Crisis	6/24/2009	REVISED				X					
W	1451	SCCMHA Audit Checklist- Crisis Residential Services	6/24/2009	REVISED	X								
X	1458	SCCMHA Audit Checklist- Enhanced Health Services	6/24/2009	REVISED		X							
Y	1462	SCCMHA Audit Checklist- Inpatient	6/24/2009	REVISED			X						
Z	1465	SCCMHA Audit Checklist- Licensed Residential	6/24/2009	REVISED	X								
AA	1471	SCCMHA Audit Checklist- Licensed Residential Modified	6/24/2009	REVISED	X								
AB	1477	SCCMHA Audit Checklist- OBRA	6/24/2009	REVISED									X
AC	1484	SCCMHA Audit Checklist- Self Determination	6/24/2009	REVISED									X
AD	1487	SCCMHA Audit Checklist- Skill Building/ Supported Employment	6/24/2009	REVISED								X	
AE	1488	SCCMHA Audit Checklist- Substance Abuse	6/22/2009	REVISED					X				
AF	1494	SCCMHA Audit Checklist-Supports Coordination/ Case Management	6/24/2009	REVISED					X	X			
<b>Page BOOKLETS AND BROCHURES</b>													
A	1503	MDCH Your Rights Booklet	Jan-09	UNCHANGED	X	X	X	X	X	X	X		X
B	1546	SCCMHA Appeals & Grievances Brochure	2/1/2009	REVISED	X	X	X	X	X	X	X		X
C	1548	SCCMHA Customer Service Handbook	12/14/2007	REVISED	X	X	X	X	X	X	X		X

### How to know what documents apply to you:

To see which documents in the SCCMHA Provider Manual apply to you, please reference the right-hand side of the Table of Contents. The right side contains a grid that lists different service types. Once you find your service type, simply follow the column down to see what documents apply to you. The documents that have an "X" in your service type column represents the documents that you are responsible for.

Note: The category called "All Other Providers" includes providers such as Fiscal Intermediaries, Pharmacy, OBRA, Self Determination, Independent Facilitation and Family Advocacy & Training.

If you have any questions, please feel free to contact Jennifer Tomaszewski at (989) 498-2269. Thank-you!

### Key for Note Column:

**New:** Document is new to the Network Services Provider Manual

**Revised:** The FY2011 document has been revised from the version that was in the fiscal year (FY) 2010 Manual

**Unchanged:** Document is the same in FY2011 as it was in the FY2010 Provider Manual